

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES,
NO. 172.

PHILADELPHIA, FEBRUARY 4, 1860. { NEW SERIES
VOL. III. NO. 19

ORIGINAL DEPARTMENT.

Communications.

A Medico-Legal Review of the Case of Patrick Maude; who was convicted for murder and executed at Newark, N. J.—The Plea of Insanity.

By CHARLES F. J. LEEHBACH, M. D.,
Of New York.

On the 28th day of May, 1859, Patrick Maude shot his sister, Mary Ann Turbett, in the City of Newark, N. J. He was tried for this crime in the October term of the Court of Oyer and Terminer, of the County of Essex, convicted, sentenced to death, and executed on January 12th, 1860. The District Attorney, Mr. Cortlandt Parker, was assisted by the Hon. Wm. L. Dayton.

The plea of insanity entered into the defence, and as the case has excited a great deal of discussion in the public prints, and is now, as it probably will be for some time to come, the subject of considerable controversy, we believe that a short review of its leading facts, with the conclusions to be drawn therefrom, will not be inappropriate to your readers.

A few days before the murder was committed, Patrick Maude had escaped from the State Lunatic Asylum. He had been placed there by order of the same court before which his last trial took place; a Commission of Physicians, appointed by that court, having declared him insane, when on trial for an assault upon his wife, and an attempt to take her life.

The circumstance of Maude's escape from

the asylum, his journey from Trenton to Newark, New York, (where he procured a pistol,) and his return to Newark by way of Elizabethport, of his arrest after the committal of the crime, it is not necessary to detail here. Suffice it to say, that *like most insane*, who have escaped their confinement or are bent on criminal purposes, he acted cautiously and with a considerable amount of cunning and logical reasoning, to escape capture and detection.

Of the *early history* of Maude, whether there was any hereditary tendency to insanity in his family, what were his habits, his propensities, inclinations and previous diseases, little is known that would be interesting in this connection. Our information is limited chiefly to the following facts:

That he was born in Dublin County, Ireland, received a pretty good education, worked in chemical factories, distinguished himself in his art, so as to occupy positions as overseer, etc., emigrated to the United States, found employ in the chemical works in Newark, and other places; was married; got in the habit of drinking at times to excess; began to act strangely and wildly; became possessed of the idea of a conspiracy against him; finally made the attack upon his wife; was placed upon trial; acquitted, because judge, jury and prosecution saw that he was insane; was sent to the State Asylum whence he escaped; shot his sister; was captured, tried, convicted and executed.

His disposition is described by those who knew him for the last five or six years, as quarrelsome and wild, but not always so. He had intervals in which his conduct was all that could be desired.

Evidence of Maude's Insanity.

(1.) The crime for which Maude was executed, was committed as has been already stated, a few days after his escape from the lunatic asylum. Our personal acquaintance with the gentlemen who composed the medical commission examining into his mental sanity, on the occasion of his *first* trial, under the direction of the court; their high scientific attainments, and large experience, precludes the idea that they would have destined him to a residence in the insane asylum, *had they not been fully convinced of the unsoundness of his mind.* Nor do we believe that the able Superintendent of the Asylum would have retained him a day, had he been convinced that Maude was sane and that thus he could be either let free, or placed in the hands of other public officers. *These facts* afford strong presumptive evidence of Maude's insanity.

(2.) There is no doubt; that Maude was subject to strong *hallucinations*, both *sensual* and *intellectual*, if we are permitted to make that distinction; using the term "*sensual hallucinations*," for impressions received by the brain apparently through the senses, where there is not the slightest *reality* of the supposed objects of the impression; and applying the term "*intellectual hallucinations*" to that condition, where the brain originates perceptions, ideas, thoughts and conclusions, that are based, either upon the sensual hallucinations, the belief in their reality, or appear to be entirely spontaneous. How far the condition of Maude's brain that gave rise to these hallucinations, was caused by real occurrences, by violent emotional shocks, the repeated excitement of which led to permanent disease of the brain, or whether the disease commenced *first* in the brain and manifested itself in the morbid exaggeration, the delusive and hallucinatory view which he took of the relations between himself, his family and his fellow-men, are questions, the exact solution of which, although it would reveal the *etiology* of the disease, still cannot be regarded as a vital link in the chain of evidence; being a question of psychological pathology, rather than medical jurisprudence. The main question in a *medico-legal point of*

view, is, *whether these hallucinations did exist*, and to an examination of this point we invite the reader, by adducing the following extracts from the medical evidence given in the case.

DR. G. GRANT had examined Maude May 30th, 1859, in the county jail; his eyes were fixed, unwavering; pulse 100, full and hard; pupils dilated; his memory appeared to be good; he stated that he was born in Dublin County, Ireland, and was 44 years of age; on examining as to his motives (this was two days after the commission of the crime,) he talked somewhat wildly, accused Father C—— as the source of all his trouble; said that his sister and wife laid in with Father C—— to ruin him; "my life is embittered, my peace destroyed, and thus by their combined annoyance to me, I was rendered desperate, and though not insane, I was not entirely sane *because of this danger and annoyance to which I was subjected by them.* I am so distressed by their acts, that I constantly hear them; something appears to tear my brain (placing his hand upon the back of his head, always, except when I sleep *I hear them*; I am not insane; I do not wish to make any such plea (speaking very excitedly)." Upon being told what without such plea, the punishment would be, he said, "death is better than life; I am so distracted and annoyed that I do not care about living;" said he heard noises, and talking of his enemies, and had constant ringing in his ears.

DR. A. N. DOUGHERTY, physician to the County Jail: I knew the defendant; had seen him frequently, *prior to his being sent to the asylum*; I have seen him several times during his present incarceration; I was requested by the court to examine with Drs. Smith and Pennington into his state of mind; *found that he was laboring under the delusion that Cullan, his wife, and Mrs. Turbett had made a conspiracy to take his property; he complained that he heard their voices overhead in a cell, conspiring against him, that he was the subject of witchcraft, practiced upon him by these parties.* . . . Dr. D. considers his present condition of mind the same as when he was sent to the asylum.

DR. J. HENRY CLARK, gives his opinion that he considers Maude insane; looks upon him as laboring under a hallucination which has directed his conduct in the past.

DR. LYNDON A. SMITH made an examination of Maude, and thought that *he labored under a delusion; he spoke of a conspiracy against him to get his property and destroy it; Dr. S. considers him as still laboring under that delusion; thinks him a remarkably strong-minded man in every other respect; should judge that Maude knew right from wrong, as well as any one.*

DR. H. H. TICHENOR: I visited Maude the second day after his arrest; think it was on Monday; I

examined his pulse; saw no symptoms of disease of the brain. He appeared a little excited, and his pulse was somewhat accelerated. I saw him on the night of his arrest, and he exhibited no signs of insanity. He said that if the person who shot Mary Turbett had shot Father Callen and a few others, the city would not have been disgraced by it. He complained of being sent to the Lunatic Asylum instead of to the State Prison for a limited time. He spoke about his having been employed at the Chemical Works. Said his wife had allowed his property to be sold, and that the powder had been in his pocket since he shot the old woman. Saw no delusion about him at that time, and did not think him insane. When I visited him at the Jail my opinion was somewhat changed. His thoughts were collected and his memory good. He said, after some general conversation, that there was a heavy conspiracy against him, and that he could hear the voices of the conspirators in the cell above him. He said he had a roaring in his ears; said he knew for what he was imprisoned. He said the conspirators intended to bring him to the gallows, and he supposed they would do it. His property was gone and his wife was not of much value to him. The conversation was conducted mostly by questions and answers. I put questions to determine his delusion, if he had any. I thought he was capable of judging between right and wrong. He made some remark about the injustice of the laws, and the manner in which he had been treated. In my last interview I formed an opinion that he was laboring under a delusion which might to some extent lessen his responsibility.

Dr. BUTTLE, superintendent of the State Lunatic Asylum, at Trenton, testified that Maude was apparently sane on all subjects, *except this conspiracy*; that it was necessary oftentimes to keep him in close confinement on account of his excitement on this subject; Maude's conversation while at the asylum, on all subjects, except this alleged conspiracy was rational; Dr. B. thinks that he reasoned with himself that if he killed his conspirators he would be acting in self-defence, and would be justifiable; he frequently threatened the lives of his conspirators—sometimes as satisfaction, sometimes as revenge; his case was a species of monomania; Dr. B. would consider his insanity as consisting of his delusion on this conspiracy, and the overaction of his revengeful feelings for being sent to the asylum; the state of Maude's mind, while in the asylum, led Dr. B. to consider him a *partially insane* man; his opinion was that he would never be otherwise; his *partial insanity* was owing to the delusion on one subject, the conspiracy against him; he always appeared rational on all other subjects.

(3.) But aside from the opinions above expressed by the medical witness, as experts,

their simple statements as intelligent men, are strong proofs of Maude's insanity. Dr. Dougherty states that Maude believed himself under the influence of witchcraft, practiced upon him by his conspirators. (Intellectual hallucination;) This is not a mere superstitious belief—but became in him a hallucinatory reality, when he hears his enemies converse and plot above his cell. (Sensual hallucination.)

These facts, with the incontrovertable evidence that Maude believed, lived, and, as the progress of the case shows, *died*, in the hallucinatory idea of a conspiracy against him, are of the utmost importance. A man who hears his enemies loudly and often angrily converse, when all is quiet; who believes in the reality of these hallucinations; who has noises in his ears, and a tearing pain in his back; who believes himself the victim of witchcraft and inquisitorial conspiracy, must be considered as insane, and his acts cannot be looked upon as the result of free agency.

(4.) Maude possessed that characteristic of insanity, which is always present when the disease is hallucinatory, namely, a *strong, even passionate aversion against being considered insane*, so prominent was this trait in his case, so shrewd, *apparently*, and logical was his reasoning, that one of the chief grounds upon which the prosecution rested its demand for a verdict of guilty was, "that it would be strange to acquit a man on the plea of insanity, who evinced the acumen and skill that he did on the defence."—(Mr. Dayton's speech.)

Maude insisted on conducting his own trial, during the whole of which he protested against the proceedings of council appointed for him by the court, looking upon them as hirelings of his conspirators, and their plea of insanity for him, as a gross outrage upon him, prompted by his supposed enemies. As specimens of his psychological condition, we make the following extracts from the report of the trial, preserving the order of their occurrence; they will show:—

(5.) *Insanity in his general conduct.*

"W. L. Meeker was the first Juror called, and on taking the stand, was asked by Maude if he was a citizen of Newark.

Juror—Yes.

Maude—how long have you resided here?

Juror—Forty years.

The prisoner then proceeded to question the juror further, when he was stopped by Judge Ogden, who told him he had the right to challenge, but not to question the jurors.

Maude—*No man can sit on my jury who has taken part in or has heard of an inquisition held on my death by Father Callan, a Catholic priest. This inquisition was held, but it is unconstitutional and has made me a proscribed man.*

The Judge endeavored to explain to the prisoner his rights in reference to challenging persons.

Mr. Gifford said the prisoner desired to question the jurors in reference to their cognizance of the affair.

Maude—Mr. Gifford, I have my own case in hand, and I want this question answered fairly. I am a proscribed man, and no longer an American citizen—therefore I have returned my naturalization papers."

"Mr. F. H. Teese, one of the counsel, having asked a question of a juror, Maude said—"You are no counsel of mine, Mr. Teese."

Maude said his object in questioning the jurors had been to show that the inquisition to which he alluded had been held contrary to the Constitution.

The jury being all sworn, C. Parker, Esq., opened the case on the part of the State. He said the prisoner at the bar was indicted for the murder of Mary Turbett, on the 28th of May last, and he then proceeded to define the different degrees of murder, and commenced to review the evidence to be produced in this case. He alluded to the fact that Maude had threatened to take the life of his sister and wife, and two others, (*Maude interrupting—'Connected with the inquisition, say.'*) officers of the State. He traced Maude from the Lunatic Asylum, after his escape therefrom, to this city, reviewing the details of the tragedy, and the arrest of the offender. He then proceeded to speak of the decisions in relation to the plea of insanity being made available—when he was interrupted by Maude, who said, *'You need not read that Mr. Parker, I will not go on the plea of insanity for you nor your jury.'* Mr. Parker read the law on the subject, and concluded by stating the reasons for the presence of the Attorney-General."

We next come to the opening by the defence.

"The defence was opened by Frederick H. Teese, Esq., who said he was counsel for a prisoner accused of murder, [here Maude said 'you are not my counsel,'] and one who would not communicate with him. He remarked that the prisoner was a strange man—not to say insane. It was the duty of the jury in order to convict him, to find that Mary Turbett came to her death by a pistol shot from the

prisoner. If they should find that he was the means of her death, they should acquit him on the plea of insanity. (Maude said: *'I will not allow the plea of insanity—it is a conspiracy.'*) Mr. Teese referred to the case of Spencer, and read a decision relative to insanity. He should try the case according to law. (Here he was interrupted by Maude who said: *'You are not proceeding according to law.'*) The State, Mr. T. continued, claimed that Patrick Maude had fled from the lunatic asylum, come to Newark and killed his sister. Under the same circumstances, had he made a will and died, the Court would render it null and void, claiming that he was insane. Now the same law would necessarily be brought to bear in this case. Persons under the influence of insanity very often thought their nearest relatives and friends had conspired against them, and though conscious of the crime of murder, they were impelled to kill them. He referred to several cases in England and this country illustrating this. In my judgment, he said, the true question to be answered by the jury is: *'Was the prisoner insane or not at the time he committed the deed.'*

"The prisoner was once a man well to do in the world. About seven or eight years ago he lost his property.' Brooding over his losses he had become insane on the subject, and concluded that his wife, sister and nearest friends had conspired against him. [Maude said, *'How do you know?'*] He made an assault with intent to kill, on John Connelly, and on being tried was found to be insane, and accordingly sent to the lunatic asylum. On getting out he thinks an inquisition has been held against him by Father Callan, Judge Haines, Mr. Parker, his wife, and deceased sister. An inquisition was held, composed of several physicians, in order to remove him to the asylum—but not a Spanish inquisition, as his insane mind had supposed it to be. Since that time he has raved on this inquisition or conspiracy, as he thinks it was. Mr. T. referred to the case of Margaret Garrity, who was insane, yet never had given half the proof of it as in the present case. Maude is an insane man in every sense of the word [Maude here said, *'Prove it if you can,'*] and I leave it for you to do him justice.

"During the whole of Mr. Teese's remarks he was interrupted by Maude, who repudiated the idea of being sent to the lunatic asylum."

¹ This needs explanation. A gentleman, perfectly conversant with the matter, states to us that it was simply thus: When Maude had married, his wife owned a house worth about \$3,000, upon which there was a large mortgage. Maude subsequently went to work in Pennsylvania, coming home once or twice a month, sometimes oftener. He took to drinking, and did not save his money, quarrelled when at home, and often destroyed furniture, etc., about the house. His wife, who kept a store, was unable to pay interest on the mortgage, a foreclosure finally took place, and the house was sold. This is the whole real foundation to his insane idea about the loss of his property, the conspiracy, the inquisition, the witchcraft, etc.

We omit the testimony of various witnesses, whom Maude cross examined in a similar manner as he did the jurors, and constantly interrupting the proceedings.

Next follows Maude's speech on his defence, which is by some looked upon as a strong proof of his *sanity*, because he succeeded in not introducing his hallucinations into it, argued the legal points with apparent logic, and especially because in it he plead so earnestly in behalf of the soundness of his mind.

"REMARKS OF MAUDE.—Maude then arose and said that he wished to make a statement to the jury. He said this trial was one for life or death, and the question of sanity or insanity had nothing to do with it. The jury were to decide him guilty or not guilty of the wilful murder of Mary Turbett. If there is evidence enough to warrant you in finding a verdict of guilty do not perjure yourselves. If there is not evidence enough, the verdict must be, not guilty. There is no half way house between the two—it must be either the one or the other. The prisoner then alluded to his challenging the jurors, and said he believed they were competent men or they would not have been selected. He then commenced to review the evidence. Dr. Dodd had testified that the bullet found during the post-mortem examination was conical, which I take to mean that it was in shape like a heart. The other doctor said the bullet was round and produced it in Court. It makes no difference what was the shape of the bullet, whether it was a square bullet or triangular, so long as it caused death; but it makes a difference in the evidence. Dr. Dodd also stated that on the morning of the 29th of May he was at the station house in conversation with several gentlemen, and he said that the Hon. Judge Waugh, on that occasion, made the remark that Courtlandt Parker, Esq., had acted very wrong in sending me to the lunatic asylum, that he ought to have sent me to prison until I became insane, and then sent me to the asylum. The first witness called, I believe, was Patrick English, who testified that he saw a man on the night of the death of Mrs. Turbett in Downing street, and that he wore dark clothes and a straw hat. Many people dress in that manner. He saw the man running but he could not say it was me. About the same time he saw a colored man who appeared to come out of Turbett's store, and after going a short distance with him he returned to the store and found it in darkness, and said that Mr. Turbett was then looking for a light. I boarded in that house some two years and I know the position of the place exactly. (Maude then described the arrangement of the house and store, the location of the doors, &c.) One witness said that all the

doors were open at the time the shots were fired. The man who shot Mrs. Turbett, no matter who he was, could have stood in the parlor as well as at any other point. From the parlor he could even hit the beer pump near which it is testified that she was standing. Mr. Abraham Turbett was the first man found in the store after the occurrence, and yet he has not been summoned here as a witness. Why is this? The prisoner then reviewed the evidence of Mrs. Haywood. She was present in the store when the shot was fired, yet she saw no person fire it. It must have been fired in the house because there were no windows broken. Mrs. Lewis said she saw a man step from the stoop, and that he was dressed in dark clothes, but although she testified that he passed, I believe, within three feet of her, she did not know him. The rest of her testimony in relation to the manner in which the body was found, it is not necessary to allude to. Mr. Jones is the only witness who has testified to seeing me at that time. He states that himself and two or three others were standing on the corner of Jefferson and Market streets, when a tall man in dark clothes and straw hat came up and caught him by the arm and said 'boys take me to the depot, or show me to the depot,' and that after the man had passed he exclaimed there is Patrick Maude and he ought to be arrested, for he had escaped from the lunatic asylum and his poor wife was hid from him for these two days. In his evidence he said he had known me for ten years. That is true, and perhaps for a longer period. Now, is it likely that I, having known him for so long a time, would come up to him and say, 'Boys take me to the depot.' I believe, I know the way to the depot as well as any one in Newark. This witness testified that he had never heard anything derogatory to my character except what had been said to him by my wife. He admitted that he rented a pew in the church in partnership with her. I make no comment on the evidence. Patrick Ravey testified also. I knew him very well, have gone to his store frequently when I resided here. He testified that he arrested me, and that I was walking leisurely along at the time in Commerce street, within fifty yards of Mulberry street. The constable that was with him said when he first saw me I appeared to be emerging from a hiding place like a murderer, and that I seemed to be trying to skulk away, and look which way I would run. Ravey wore his own coat but the constable wanted his epauletts on. He then reviewed the evidence of police officer Stanley, who found the pistol in the yard of the Gas Works, but did not know where such works were situated. He said one barrel of the pistol was cocked, but not loaded, and that he did not know whether the other barrel was loaded or not. Then the man from New York who sold a pistol to a man he thought was me, did no

state that the pistol produced here was the one he sold, and he said the man that bought the pistol had a beard. It was the rule in the asylum to shave the inmates twice a week, and in some of the halls three times. Where I was during the latter part of my confinement they shaved three times a week. Therefore I could not have had any whiskers when I escaped. I have not been shaved now in four months, and consequently did not appear as it was said as outlandish as I do now. Outlandish is not an American phrase, neither is it an English one. It is an Irish slang word. I do not want to run down my country, but there are bad men of all countries, probably this man learned that phrase before he came over. The prisoner then alluded to his first trial, and the fact that he had been declared by Dr. Dodd to be perfectly sane on all points but one. The chief of the slaughter house (asylum) had alluded to a stone tied in a handkerchief that I had to use while there (our reporter could not understand at this point whether the prisoner said that he had struck any one with the stone or not). In the fall of 1858, when at the asylum, I was allowed to walk every day for an hour or so in an outer hall, and while there on one occasion, I had some hickory nuts. I took a stone in my cell with me to crack them on the window sill. This stone remained in my cell for a long period. On the first day of January, which was a Saturday, I believe, I refused to bathe in cold water, it being the custom for all to bathe. The water was bitter cold, and I would not endanger my health by bathing in it. On the 8th of the same month, which was also Saturday, I refused again, and when they attempted to force me I used this stone, tied in a handkerchief, in self-defence, though I did not strike any person with it.—I was put in the hall among the maniacs, who were in there native skins. I was possessed of my senses and I declare truly that I did not sleep 48 hours out of the whole time I was there, some two or three months. I was no insane man, and am none, but they were determined to make me insane. I do not go on the plea of insanity. I don't want it adduced in my behalf. I must be cleared, if cleared at all, on other evidence. Insanity has nothing to do with the case. If I am to be tried as to sanity it must be at a separate trial; the two should not be mixed together. If you are satisfied from the evidence that I am the man who committed this crime, then you must bring in your verdict of guilty, but if the evidence is insufficient you must make your verdict 'not guilty.' It is no murder in the 2d degree. It is either to be wilful murder or nothing. I have not read Kent and Blackstone, but I believe the law on this point is as I state it. There is no evidence to prove that I was seen in the house, by the house or in the street when the murder was committed, with the exception of Jones, who says I have known

him for 10 years, and that I addressed the party he was in as "boys." I will not detain you with any remarks; I have merely went over the evidence as it has been produced here. Gentlemen of the Jury, I leave the case in your hands exactly as it is. You will find a verdict of guilty or not guilty, just as you believe the evidence to warrant. Do not perjure yourselves. Do justice in the eyes of God and the world."

The prisoner delivered the foregoing remarks in a clear voice, and spoke slowly and composedly. There was no excitement in his manner and actions.

Compare however his speech after the conviction, before receiving his sentence, when the dread of being pronounced "not guilty on the plea of insanity," was no longer before him, forcing him to restrain and conceal as far as lay in his power, the true condition of his mind:

"Though it will make little difference what I say, I will speak, for this is an execution, or rather a crucifixion. My child was sacrificed and murdered by Mr. Turbett, Mrs. Turbett, my damned wife, and others. This is what caused my first assault on my villian wife. She and Courtlandt Parker, the prosecuting attorney, made the trick against me; he was a Pharoah, and now wants to make me a Pontius Pilate. An inquisition was held on me by Parker and Father Callen. I am tortured by witchcraft from my damned family. All the insane maniacs in asylums are made so by witchcraft. I'll ask no pardon, and will accept none from Governor or President. I've done no wrong; what I did was in self-defence. I was brought here before for the first offence in my life. I plead guilty, but got no mercy. I was sent to prison as an insane man, for life. I say here, I'm not insane, you can execute me, but I'm not insane. Charley Gifford was my counsel, but he, while addressing the jury received something on his back, which made him say to the jury, 'he must be executed, he must be convicted.' All I ask is, that my body may not be given to my relatives, for they are devils; nor to the doctors for dissection. In passing sentence do not pray for me; I pray to heaven for vengeance. Now pass your sentence."

Not content with making the above speech, he frequently interrupted the Judge while he was passing sentence, with such expressions as the following: "You needn't go over the evidence." "Witchcraft is against the law of God and man." On Judge Ogden concluding the sentence, Maude glaring fiercely and with set teeth said, "Don't pray for me. I pray for vengeance to Jesus Christ. I'll allow no priest or clergyman to come near me, I'll maim him if he does."

And now the last articulate outburst of his diseased brain; his remarks to the jailor, on observing the scaffold, on Thursday morning:

"You need not be afraid of me for you cannot bully me down by the sight of a gallows. I prefer to be executed, for I have suffered everything but death in that cell. I have suffered more than death through my family by witchcraft. This morning, when I awoke—for I slept well last night—I saw my wife, who tormented me, as well as Turbett, who receives a weekly salary from Father Callen and Courtlandt Parker to torment me, through witchcraft. Jesus Christ was tormented by the Jews, the Gentiles, by Pharaoh, and I am by Turbett, his wife, and that d-d witch that lives in Van Buren street. When Turbett came to this country, I supported him and his wife for five months, till they got \$600 from Father Callen, and \$750 from Courtlandt Parker, which makes \$1,350, to condemn me, for which I am to be executed to-day.

"The Jury perjured themselves. So did the witnesses, and they have robbed me through their damned witchcraft. Three years ago they murdered my child, as sweet a child as there was in America. When I returned with my horse and buggy—for I did not know it then—did not Turbett take the child by its little hand, and with the other grasp it over its mouth and plunge it in a crock of water and smother it? The marks were on its face. Don't they persecute me all the time with their damned witchcraft? I have peace with God through Jesus Christ, for I suffer as a martyr through the damned witchcraft. Let it go through England that America is ruled by witchcraft; when the prisoners leave here, all that can must leave the country, for you all are the victims of witchcraft. It has been told me so."

Then the speech, immediately before his execution, of which the following is but a poor synopsis:

"Now, you all have assembled together here to witness an American crucifixion, though you can call it an execution. I was placed a prisoner here, not by the law of your land, but by the Pope, by your Popish priests, and by infernal witchcraft. Turbett's wife was bound to destroy me; she was backed up by the priests and the whole Popish Church. What is that Church? What is its history? I will tell you something about it, if I can have time." (Turning to the Sheriff, he said: 'Are you going to give me time?' and received an affirmative answer.) "I'll let you see I'm no fool, and am not ignorant, though a poor hard-working man. I've read history and poetry; I began with Plutarch's Lives, and read all about Romulus and Remus, and next about Julius Cæsar, and a greater man than all the rest,

namely, Diogeneus, (Diogenes.) I read, too, about Charle-ma-gene. Rome was once a great city. It was greatest in the days of Julius Cæsar, but 300 years afterward it submitted to the Pope. Yes, *submit* is the word, and that's what you're all doing here. You are all submitting to priesthood and witchcraft. You are all slaves—black and white. The Bible was made, like a lawyer's indictment, with every other line framed to slaughter men. One Bible was first gotten up; then another and different one was made by the Council of Nice; then another was made at Trent. There are three Bibles—which of them is true? Then, in the fifteenth century, the reform started up. All the great reformers were heads of the Catholic Church, who were mad because they couldn't be Popes. There were Luther, Calvin, and Knox; each one made a Bible—that makes six Bibles. Then there was Henry the Eighth, he started a reform in 1512. Oh, we read Goldsmith and Hume! I'll let you see I'm not a fool. Henry was driven on by witchcraft—just as I am. I am impelled by witchcraft, just as the steamer is driven through the water. Henry the Eighth's minister, Cardinal Wolsey, was the greatest man of his time, and the most powerful, except Philip of Spain. When he wanted to be Pope, Philip wouldn't let him. He couldn't revenge himself on Philip, so he murdered Philip's sister—Catharine of Aragon. I stood in my cell, the other day, and asked an old Dutch patriarch, who came to see me, whether all this was not true? I asked him how they could say 'improved and revised' on the title-page of the Bible, if it was God's word in the first place? He said: 'I know it, Patrick; they all make mistakes. You ish a martyr. God help you!'

"Until the seventeenth century there were no poor-houses and charter-asylums in the old country, no paying tithes to priests. They were better off then. Now everything belongs to the necromancers. The priests and the law drive the landlord and the laborer to the ale-house. All the agents were lawyers, doctors, and priests. The working-men used to have snug little houses, and few were transported, or had to come to America. Then the necromancers came in and ruined everybody. Then poor people took to thieving and crime. You are all slaves—whether in or out of jail—all damned by the rule of necromancy, and lawyers, doctors, and priests." [At this juncture loud shouts and laughter were heard outside the jail.] "I landed in New York. Come up here, Bishop Hughes! Come up here, Henry Beecher Stowe, who wrote Uncle Tom's Cabin! You are both heads of churches. Is there any man from Kentucky here?—if so, come up, and I will count slaves against you. Take the poor-houses and prisons on Blackwell's Island, and the asylums—which ought to be called slaughter-houses—and your Connecticut factories. These are full of your north-

ern slaves. Come on you d—d necromancers! you can make little by executing me. Don't think that rum-drinking or religious excitement fills your asylums. It is done by witchcraft—by lawyers, doctors, and priests—those three engines of Satan. They have women for their machines. The women are not so much to blame. They are spoiled by priests in their childhood. Then the doctors help them to produce abortions and wholesale murders. They kill their fathers, mothers, and brothers, and drive men to suicide and asylums. I'm telling you the truth about your country. They shut up rich men for their property. Everybody wants an office in this country. The professional robber is a fine gentleman. Here they butcher men like hogs. The poor laborer is led by d—d prostitutes to take rum, and then shut up for life. Europeans, clear the country! Go home to Europe, where your life is safe. You know the inquisition held over me. Dennis Clary and my d—d wife murdered me. I was driven to this by the witchcraft of my d—d family. The first assault I made, they shut me up in a mad-house for life, and thought they had smashed my figure-head. I got out from that slaughter-house, and then Clary and my wife still pursued me. I prefer death to being locked up in yon cell. Life and liberty are no use to me. I was hunted like a wild beast in Bethlehem. I was thirteen years in England, and as many more in America, and not a man could say I injured him. This is not an execution, but a crucifixion. When Charley Gifford [his counsel] said 'God protect you' to me, he perjured himself. Courtlandt Parker [the prosecuting attorney] sent Andy McConnell to take my life. I have faith in Almighty God for forgiveness. I have injured no one, but am chased by witchcraft.

"Almighty God! look down upon me, and see what I suffer, and forgive me. But, O God of justice, take vengeance on my d—d family, who have bewitched me! Jesus Christ, look down from heaven, and see how they murder people in asylums, and witness the abortions of the doctors! O, may the vengeance of an all-wise, all just, and powerful God fall upon them all!

"This country will be destroyed, as were Jerusalem, and Tyre, and Sidon, and Sodom, and Gomorrah. Poole was a d—d villain to rob me of my property on Broad street. He is now in hell, for he died a raving maniac. Turbett's wife told me she would stand by me, even if I killed her, and so she did; for I heard her voice the first thing this morning, saying: '*I have you now!*' May God have mercy on my soul!"

(6.) As the last link in our chain of *facts* we adduce the following "record of the post mortem appearances in the brain of Patrick

Maude," the original copy of which with signatures was kindly furnished to us by Dr. Grant.

"The examination was made five hours after the execution. Present—Drs. Dougherty, Coles, Grant, Cross, Richmond, Mills.

The face was pale, not ecchymosed nor congested; the pupils, which were dilated immediately after death, had contracted in a marked degree; there was a deep discolored indentation on the right side of the neck made by the rope, the knot having rested under the ear of the opposite side. The skull, in shape, was compressed laterally. There was no unusual amount of congestion in the vessels of the scalp. On removing the calvaria it was found thick and condensed, as in a state of eburnation. The dura-mater was adherent very generally to the arachnoid membrane, and attached to its inner surface on the right side, over the middle lobe, about an inch and one eighth from the mesial line, was a fibro-cartilaginous tumor, about the size of a pea, which fitted into an indentation on the surface of the brain. There was considerable sub-arachnoid effusion and apparent thickening of the arachnoid membrane. The Pacchionian bodies, were, as observed in many cases of insanity, enlarged, and had by their pressure produced absorption of the overlying dura mater, rendering them perceptible, both to touch and sight the moment the calvaria was removed: the substance of the brain was apparently in a normal state.

(Signed) ALEX. N. DOUGHERTY,
G. GRANT,
A. M. MILLS,
J. A. CROSS,
JNO. B. RICHMOND.

We have seen the dura mater of Maude, with the tumor attached, together with portions of the brain ourselves, and as far as this goes, can fully corroborate the above. The tumor at its base was at least one-fifth of an inch in diameter, of a conical shape, and from base to tip measuring about one-fourth of an inch. The pia mater and arachnoid in those portions of the brain which we saw, presented an opaline appearance. The post-mortem examination leaves no doubt that *Maude's brain was in an abnormal condition.*

The foregoing *facts* inevitably lead to the following conclusions:

1. That Maude was suffering from disease of the brain, manifesting itself in sensual and intellectual hallucinations; that he believed

these hallucinations to be real, and hence was insane.

2. That his chief hallucination consisted in the firm belief of a conspiracy and an inquisition instituted against him, and the firm conviction that certain persons were practicing witchcraft upon him; that this hallucination dated back prior to his *first* trial; and that he looked upon his sister whom he murdered, as one of the leaders in that conspiracy.

3. That the crime for which he was executed was committed by him under the influence of his hallucinations. But as

4. An act committed under the influence of sensual or intellectual hallucinations, precludes the exercise of the free will, and is never looked upon as the result of free mental agency, and hence not punishable (except in drunkenness, where the hallucinatory state has been brought on voluntarily)—hence

5. The execution of Maude—the *insane*—must be looked upon—harsh as the expression may sound—as a judicial murder.

These conclusions necessarily lead to the question, why was the plea (or we should say the *fact*) of insanity unavailing in the case of Maude?

The first and foremost reason for this, is to be found in the application of the legal dogma, that a man, *knowing right from wrong*, is to be held responsible for his acts, *though he be insane*. This legal dogma is still sustained in all our codes, though long abolished in France and Germany as incorrect, though it has been demonstrated to be false by the highest authorities and men of the largest experience, and has been disregarded in many cases by judges here as well as in England. It is shown to be false by the fact that insane men, not only exceptionally, but in the immense majority of cases, are capable of distinguishing between right and wrong, not only in the abstract, but often even in regard to the particular act of violence for which they are tried. It is not necessary to enumerate the many cases in which the most enlightened judges have set aside this test, and where persons have been acquitted on high criminal charges,

as *insane*, though they “knew right from wrong.” The books abound in such cases.

From the extracts of the medical testimony which we have given, the reader has seen that, while all medical witnesses testify, more or less strongly, that *Maude was really suffering under insane delusions or hallucinations*, they are also unanimous in expressing their belief that *Maude knew right from wrong*. This, of course, under the dispensation of the right and wrong test, was the guide-post pointing to the gallows. In vain do we look in the medical testimony for some *qualification* to the affirmative answer, when the question was asked, whether Maude knew right from wrong; some statement on the part of the medical witnesses to the effect that *Maude knew right from wrong*, “AS MOST INSANE PEOPLE DO,” a scientific *fact*, so well established, that Maude was entitled to its benefit, and the omission of which renders his trial incomplete.

It may be objected, that it is not for the medical witness to volunteer testimony; that it is not his business to state the *fact*, “that most insane people know right from wrong,” but that his simple duty is to answer “*yes*” or “*no*.” We do not wish to argue this point any further than to state our conviction, that, while the physician is bound to state the *whole truth*, the *whole* truth is *not* conveyed to a jury, *without* the qualification that the knowledge of right or wrong is no test of sanity. This statement made, let judge and jury take care of it.

Another reason which contributed to the failure of the plea of insanity in Maude’s case, was the introduction of that unfortunate term, “*partial insanity*.” “*Partial insanity*” is a convenient term to signify the limited symptoms of the *disease*, and with this meaning may be safely used among physicians. But on the witness stand the physician is not asked whether *all the symptoms* were present in their most *acute* form, but whether there were sufficiently marked symptoms to justify a diagnosis.

Some time ago a case happened where a Quack was prosecuted for having inoculated small-pox in several persons, instead of vaccinating. What would we think of a physician

who should testify that one of the patients had only "*partial small-pox*," because in his case there were but a few pustules. *The manifestation, the symptoms* were partial, not the *disease*. A man *insane*, is *insane*, and the idea that the human *mind*, the functions of which are so much more *complex and depending upon each other*, as the brain of man is superior to the nervous system of the lower animals, can be totally deranged in *one particular*, and leave all the rest perfectly intact, is contrary to sound reasoning as well as experience.

However, we do not wish to lengthen this paper by going into an argument. We have stated the *facts* in Maude's case, drawn our *conclusions*, and shown the *reasons*, why the plea did not avail. If the *facts* which we have stated can be proven to be *false*, the *deductions* therefrom *illogic*, let it be done. Until then we are more than ever willing to adopt the language of Dr. Chandler R. Gilman :

"The law must not continue this already too long catalogue of judicial murders. The law must not keep in her rusty armory a test of sanity, which every man who has any knowledge of the subject knows to be vain and futile; the law must not keep this relic of an unenlightened age by her, to be brought out, as whim, or chance, or the feeling of the hour may dictate, to slay those whom the Almighty in his mysterious, most mysterious Providence, has visited with a disease, compared to which all other and mere physical diseases are but as nothing. Such beings, instead of being dragged to the scaffold or thrust into the prison-house, should be hallowed by their great misery. The heathen worshipped the tree that had been struck by lightning; let not Christian men be found less easily moved to sympathy with human sorrows."

—o—
Effects of Artificial Light on Vegetation.—A correspondent of the *London Builder* says: "I planted vegetables in a place where daylight could not penetrate, over which I suspended a paraffine oil lamp, with a reflector to throw the light upon the plants. They have grown up a beautiful dark green. I have also lighted a greenhouse with lamps every night, and find it not only increases vegetation, but gives a beautiful deep tinge to the plants."

Case of Extensive Epithelial Cancer.

By S. R. MORRIS, M. D.

Of Philadelphia.

The patient, Mrs. C. S., aged thirty-five years, was born of parents who suffered from no malignant disease, and had two healthy children the youngest of whom was more than five years of age. When the youngest child was two years and one month old, in the month of November, 1856, Mrs. S. was attacked with an intolerable itching about the middle of the right labium, which continued without appearances of inflammation sufficient to attract particular attention. There was no soreness inside of the labia or vagina, but she at times had a slight leucorrhœa. After the itching had continued a few weeks, a small crack or fissure made its appearance on the middle of the right labium, extending through into the sub-cutaneous tissue. In a few days it had extended in a straight line as high as the upper commissure. From thence, at a right angle it passed over the urinary meatus into the left labium. At the place of crossing the upper commissures it appeared to involve the tissues more deeply than at any other point in its course. The edges of this fissure soon became thickened and indurated, and as far as the inflammation extended the skin assumed the appearance of numerous small vesicular elevations, arranged closely in contact, yet sufficiently distinct to represent each elevation in its structure as independent of the surrounding ones; the whole taken together having the appearance of the spawn of fishes, in which condition they remained with very little change until the 5th of November, 1858. At this time an operation was performed by Dr. D. H. Agnew of this city, who extirpated an epithelioma situated in the commissure above the urinary metus, and involving a portion of each labium, all of which was carefully dissected away. The wound made in this excision healed very kindly and completely in about six weeks after the operation, the parts surrounding the cicatrix appearing perfectly healthy.

The general health of the patient was then much improved, and she thought herself completely cured for four months. At the expi-

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

JANUARY 25TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

ration of this time the disease made its reappearance, involving first the cicatrix of the operation, with the same symptoms and pathological appearances as described of its original commencement. From the cicatrix the disease extended upward involving the mons veneris, together with the inguinal lymphatic glands and the lower third of the abdominal parietes situated between the pubes and umbilicus. It also extended downward, involving the whole of each labium to its termination in the perineum. The vagina was also in the same diseased condition in its whole extent up to the mouth of the uterus, and its cavity so nearly obliterated that it was with great difficulty and care that the finger could possibly pass to the mouth of the uterus.

The patient informed me that her disease had been disposed to remain in rather a dormant condition until last July, at which time she placed herself under the treatment of a quack, who applied stimulants to the diseased parts. She very soon discovered her error. The small vesicular eruption before described changed into a dark purplish color, and grew rapidly into large irregularly shaped tubercles attended with paroxysms of excruciating pain. These nodulous excrescences soon degenerated into numerous phagedenic ulcers, attended with a profuse discharge of sero-sanious matter of the most offensive character, which prostrated her and obliged her to remain in bed until the 12th of January, 1860, which was the day of her death.

About ten days before her death the discharge from the ulcers already described, changed to the appearance of purulent matter, and the crassamentum of the blood, broken down together, and from the time of this change of the discharge the pain continued less severe, but prostration hastened more rapidly and continuously until dissolution. A post mortem examination was made on the 14th inst., and an immense specimen of epithelioma, including the rectum, vagina, uterus and its appendages, together with the extensively diseased external parts, was carefully dissected away and presented with a history of the case to the Wistar & Horner Museum of the University of Pennsylvania.

Diseases of the throat.—Laryngitis.—This patient, a female, was seized with acute laryngitis a week ago, from exposure to cold. The intonation of the voice became shrill, and afterward the voice was entirely suppressed. She is somewhat predisposed to the disease, having had two previous attacks.

Treatment.—Syrup of squills and tincture of lobelin, equal parts, dose a teaspoonful; mustard poultices to the larynx; purgatives and foot baths. She has greatly improved, and is now able to speak without much difficulty.

Pharyngitis.—This disease has been prevalent lately, and several patients in the hospital with other diseases have been attacked with it. It is most frequent in the winter months, and is sometimes epidemic, known, as a variety of the *grippe*, or influenza.

By the term is implied an inflammation of all the portions of the throat which are visible. It is not always accompanied with laryngitis. It presents certain peculiarities which are easily recognized: husky intonation of the voice, thickening of the uvula, half arches and tonsils. The acute variety presents a somewhat different set of symptoms from the chronic form, but the sound of the voice is nearly the same in both. In a violent attack of pharyngitis the color of the parts is a bright red: in chronic pharyngitis, dull red. When accompanied by laryngitis the voice is sometimes entirely extinguished; this may occur from two conditions of the larynx,—ulceration, and thickening of the mucous membrane. This thickening may be permanent. In one case which I knew, the voice was suddenly lost, and in 40 years has not been recovered.

Case 1st.—This patient has been in the wards with pleurisy. He was before you on one occasion. Since then pharyngitis has been developed; there has been fever and loss of appetite. There is pain on swallowing and tenderness of the throat on pressure. The suppuration and spontaneous discharge of an abscess in one tonsil have been followed by relief of the more urgent symptoms. At one time the oppression of respiration was excessive; and the patient, as they are very apt to do in an acute attack of the disease, thought he was going to die.

The treatment has been saline cathartics, and ice internally ad libitum. He has gargled the throat moderately; but in acute pharyngitis, from the pain

which it occasions, this is a disagreeable remedy. In chronic cases it is of decided advantage.

Bleeding is set down as a common remedy. Leeches to the throat I have never found to be of any benefit. Bleeding from the arm and foot has been fashionable. I was bled in this manner by Louis when sick with this disease in Paris. He said that he did not expect it to do any good, but that it was usual for him to bleed. Counter-irritants are very necessary. The best is a mustard foot-bath. This tends to produce diaphoresis.

I will order for this patient quince seed mucilage, alum gargles, Rochelle salts, half an ounce once a day, and a mild diet.

Case 2d.—Has had sore throat two days: the uvula is inflamed and adherent to the tonsils. All of the parts are of a bright red color. He has some sonorous rhonchus, showing that the irritation has extended down the bronchial tubes.

Treatment.—This case requires no positive medication. He may sip demulcent drinks freely and take gargles with advantage.

Case 3d.—Disease has existed five days. Appearance of the pharynx similar to the last. Has improved on the use of alum gargles and saline cathartics.

Case 4th.—This is a case of chronic pharyngitis which has lasted a year. He complains of pain only when he talks much. There is a diminution of the power and a shortening of the compass of the voice.

This patient should wear flannel and guard against exposure to cold. Nitrate of silver, in 40 grain solution, should be applied by a camel's hair pencil.

Functional Disease of the Heart, with Anæmia.—This female has been indisposed for some time; she is pallid, and suffers from headache and palpitations of the heart, increased by ascending a flight of stairs. It is a curious circumstance that organic disease produces palpitation which subsides when the individual becomes quiet; while the disturbance dependent on anæmia continues whether the patient is quiet or not. She has a double bellows murmur; without the sawing intonation which is indicative of organic disease. This murmur has a rounder, fuller, softer sound, a more musical intonation than that produced by valvular disease. Organic disease of the heart, I often take occasion to tell you, is not necessarily fatal, nor dangerous. It is only serious when it presents a great impediment to the circulation; but a little thickening of the valves and a moderate hypertrophy is not a serious disorder.

Treatment.—

R.—Quinies sulph., gr. ij.
Ferri pulv., gr. j.
Extract. Quassie, gr. ij. M.

This pill to be taken three times a day. In chronic cases the treatment must be chronic; that is, moderate doses of medicine, long continued. You have seen the effect of small doses of mercury in a case of chronic dysentery which has been before you. In that we gave the 1-16th of a grain of calomel twice a day. Had we given it in large doses we should have lost the good effects of the remedy.

Valvular Disease of the Heart.—This patient, a female, has had palpitation of the heart for eight years. It began with rheumatism. I have told you that with this disease we always find associated disease of the heart, which in some cases remains as a chronic disorder. This patient has become anæmic, and there is about the pulse that irregularity of a bisferiens character, which is generally indicative of heart disease. This character of the pulse is often found also in children at the termination of acute diseases. It is difficult to give an idea of the distinction between the bisferiens pulse of organic and functional disease, but there is a difference perceptible.

The dullness of the cardiac region is increased. A bellows sound exists at the mitral valve coincident with the systole; also a double sound at the semi-lunar valve of the aorta. At the mitral valve it is single and rougher than at the semi-lunar.

Treatment.—As for the palpitation, it is impossible to cure it. The disorder is fixed and cannot be removed by any treatment. It is possible to relieve many of her symptoms. For the anæmia we will give quinine and iron; besides that she may take 12 drops of tincture of digitalis, and 1 drachm of the fluid extract of valerian three times a day. She may have a moderate diet, taking meat once a day.

Cirrhosis of the Liver.—This patient has lived in India ten years, a soldier of the British army. He left there in 1852; his health he says was good; he has a pale and sallow complexion, and complains of pain in the epigastrium and right hypochondriac region. His residence in India I presume left a disordered state of the liver. There is an enlargement of the liver, but no great protuberance. This man is not of intemperate habits, and we know it is not a fatty degeneration of the liver. It is cirrhosis, a disease whose nature it is rather difficult to explain.

Treatment.—He has been in a hospital but a few days, and has taken infusion of quassia, and nitromuriatic acid, five drops three times a day; also a warm salt bath every other day. This treatment we will persist in for a few days.

Mania-a-potu.—Two mild cases of this disease were brought before the class. There had been

only slight aberration of mind; some tremulousness still remained. The alcoholic plan of treatment had been pursued. Both were nearly cured.

Of another case Dr. G. remarked: We have had a bad case of mania-a-potu, in which if we had given opium, the patient would certainly have died. He had a flushed face and 14 or 15 convulsions, each followed by stupor. The treatment was an ounce of whiskey, at first every two hours, then every four hours; cups to the back of the neck, and mustard foot baths. In this way we have got him well, as we ought to do in every case of the kind.

JANUARY 28TH.

Pleuro-pneumonia.—This case is one in which the disease is very persistent. In such cases look out for the development of tuberculous disease. We suspect it in this case, but cannot assert it positively until two or three weeks to come. The tubercles, if any exist, are disseminated throughout the lung in the midst of the vesicles. The patient has fever and is much broken down.

Treatment.—We must treat the pneumonia by blisters, mercury, ipecac. and opium. It will not do to bleed or cup this patient. Tonics are also essential; 4 to 6 grains of quinine may be given in the morning. In a few days it will be necessary to give stimulants. He should take nourishing soups, and drink freely of barley or rice water.

Tuberculous disease of Lungs and Brain.—This patient exhibits a tremulousness of the hands and face. His tongue is coated, and red in the centre. He has not much cough, but appears excessively broken down.

Percussion in front is clear; upon the back, on the right side not so clear.

There is vesicular respiration every where, on both sides, with some mucous or subcrepitant rhonchi; and in the right lung a slight trace of rude respiration.

The patient is stupid and heavy. There is great fever, but no paralysis. The mass of the brain is not interfered with, but we know that there is a certain disturbance of the brain from the symptoms. The signs of the lungs are just such as occur in the development of tubercles throughout the lungs; but the diagnosis of millary tubercles is very difficult. I suppose that the disorder is of this kind, affecting both the right lung and the meninges of the brain. You are aware that tubercular disease of the membranes of the brain is known in children as acute hydrocephalus. There is not here sufficient development of inflammation to obstruct the function of the brain entirely; but remember that hydrocephalus is sometimes subacute or chronic.

Treatment.—We have to treat the tuberculous inflammation of the brain just as when other organs

are affected. We can only arrest the disease when the tubercles are very few. Some cases do get well, by an arrest of the deposition, and by absorption or other change in the matter already deposited. I have no doubt of its occasional absorption. Sometimes at the very commencement of the disorder we may cup or leech; later, a small blister may be applied behind the ear. I have never seen any good arise from the use of mercury, but I use it sometimes in tuberculous inflammations, not trusting in it, but hoping that some good may arise. I will order blisters behind the ear in this case; 8 or 10 grains of quinine, with gentian and quassia, good diet and milk punch.

Tumor of the Abdomen.—This patient has been sick two months, with pain in the abdomen, slight fever, vomiting of food and drink, and constipation. The tongue is red, coated and dry, indicative of irritation in the alimentary canal. There is a tumor, 4 by 5 inches, nearly in the position of the ileo-cæcal valve, very dull on percussion. In abdominal tumors it is exceedingly difficult to make out a diagnosis, much more so than in diseases affecting the chest, where the signs are clear and easy to be read. It is obvious from the vomiting, constipation and presence of the tumor that there is something interfering with the working of the intestines. This tumor may be occasioned by several things. I think, we may throw out of mind hernia and cancer. There may be intussusception of the bowels, causing an accumulation of feces.

That there is an accumulation of feces, I have no doubt. We hope it may be a mere partial obstruction.

Treatment.—Six or eight ounces of blood have been taken by leeches applied to the abdomen, and dry cups were afterwards applied. He has had injections of mucilage and oil. We will make the injections more purgative by the addition of infusion of senna, reapply the leeches and cover the abdomen with fomentations of hot whiskey.

The following table presents the diseases of the patients as they entered the hospital. Some had others engrafted upon them, upon which Dr. G. had addressed the class, as much as on the primary disease.

List of cases treated in the Pennsylvania Hospital, during the clinical service of Dr. GERHARD.

Prepared by the resident physician, Dr. GEO. C. HARLAN.

Acute Bronchitis,	1	Arsenical Paralysis,	1
Chronic do.	7	Chorea,	1
Acute Pleurisy,	1	Hysteria,	2
Chronic do.	2	Delirium Tremens,	23
Pneumonia,	3	Neuralgia,	8

Acute Laryngitis,	1	Hepatitis,	2
Chronic do.	1	Cirrhosis,	1
Tonsillitis,	2	Congestion of Liver,	1
Chronic Pharyngitis,	7	Jaundice,	2
Asthma,	4	Ascites,	2
Phthisis,	11	Tumor of Abdomen,	2
Pneumothorax,	1	Diarrhœa,	3
Vicarious Menstruation	1	Acute Dysentery,	2
Acute Rheumatism,	7	Chronic do.	3
Chronic do.	20	Chronic Gastritis,	3
Gout,	1	Constipation,	3
Sciatica,	1	Intermittent Fever,	10
Endocarditis,	3	Typhoid Fever,	4
Pericarditis,	1	Typhus Fever,	1
Hypertrophy of Heart,	4	Chronic Nephritis,	1
Aneurism of Aorta,	4	Albuminuria,	2
Softening of Brain,	1	Amenorrhœa,	3
Meningitis,	1	Anæmia,	3
Hemiplegia,	3	Arthritis of Knee,	1
Epilepsy,	2	Debility,	3
Paralysis,	3	Chronic Phlebitis,	1

Total, . . . 176

Of which were cured 73, relieved 18, discharged by request 12, unimproved 2, died 11, remaining in hospital 60.

Besides the cases of idiopathic endocarditis mentioned, endocarditis occurred in all the cases of acute rheumatism. In three it was particularly well marked, and accompanied by decided friction sounds of pericarditis. Slighter pericardial sounds were also heard in several other instances. One case of rheumatism was complicated with violent pleurisy and pneumonia, as well as with endocarditis and pericarditis, but terminated in recovery. Pneumonia, pleurisy and tonsillitis have occurred in patients admitted to the hospital with other diseases.

JEFFERSON MEDICAL COLLEGE.

JANUARY 11th.

Notes from the Clinic of Prof. Pancoast.

Resection of Head of Humerus.—Dr. Pancoast remarked that he was happy to exhibit to the class, the successful result of an operation, which was performed by him at the college clinic, two years ago. It was one of those severe cases of caries of the head and neck of the Os-humeri, with surrounding abscesses, which we now treat by the excision or resection of the diseased portion of the bone. A useful limb had been saved by the operation, which he had performed, and its value to the patient could not be estimated. For the leg a good substitute may be found, but no substitute for the arm could perform the thousand things which this member is called upon to do. The motion here was very good, and though

the attachment to the scapula was but ligamentous, the patient was able to put his hand upon his head, to use it in dressing, and to employ it very usefully in his ordinary avocations. Three inches of the upper end of the bone had been sawed off in the operation.

Nasal Polypi.—I will next, said Dr. P., call your attention to a very common affection, and one in which the books embarrass you, with the perplexity of the description. I refer to nasal polypus. The kind which is most frequently met with, is the soft polypus. I believe, they arise from the obliteration or occlusion of the orifices of the mucous follicles, and by the accumulation of the secretion in the sac. Thus closed, a tumor is produced, as in the skin it may be formed by the occlusion and enlargement of a sebaceous follicle. These pendulous growths are most frequently attached high up. In two operations for the removal of the upper maxillary bone, where these polypi chanced to exist, I saw them in one instance have their attachments to the upper, and in the other to the middle turbinated bone. When they come down by increasing growth, they may be directed toward the anterior nares as is most common and where they sometimes project, or toward the posterior nares. When they pass backward and are of much size, they may be seen behind the velum. We sometimes see naso-pharyngeal polypi, which by their pressure cause ulceration and contract adhesions with the superior portions of the pharynx and back part of the velum, and these are very difficult to manage. But tumors of this sort belong to the fibrous class of polypi, are pediculated, and may have their primitive attachment on the sides or floor of the nostril.

This drawing which I show you, represents a polypus of the mucous kind, resembling exactly those of the nostril, about two inches long, formed by the development of a follicle at the root of the tongue, between it and the epiglottis. This unusual case is interesting, as it shows that the soft and mucous polypi, may grow from other than the nasal mucous membranes. This polypus tumor, caused such occlusion of the pharynx, in the attempt to swallow, as to render this process difficult. I depressed the tongue, slipped over the tumor the small tonsillotome of Fahnstock and cut it off near its root. The portion of the pedicle left, shrunk away, and the tumor has never since returned.

After the mucous polypus, the kind that is most frequently met with, is the granular, of which we have now a case here under treatment. These may be seen as little white shining bodies, reflecting back the light from a position usually high up in the nostrils, commonly from the shelving edges of the two upper turbinated bones. The existence of these growths, in the adult, may be suspected when there is

some obstruction in the nostrils a snuffing respiration, and you find a layer of puriform mucous, on the adjoining surfaces of the velum and the pharynx. To cure them, or rather to prevent their reproduction, you have sometimes to twist off the mucous membrane and part of the turbinated bones, from which they grow, to swab the posterior nares from behind with a strong solution of lunar caustic, and have detersive and astringent washes snuffed through the nose. Dr. Physick was in the habit of filling the nostril with common tow after the operation, in order to provoke some suppuration of the mucous membrane, and thus take away the tendency to the repullulation of these growths. But we have long since abandoned that practice, as well as the introduction of caustic and irritating ointments, for fear of the caries or necrosis of the bones that would be liable to follow their use. Bleeding polypi, you are to be careful about. They are apt to be malignant, and are often confounded with tumors that sprout inward from the antrum. If you remove them, it will sometimes be necessary to use astringent lotions by injection or with a piece of lint, as a tampon, or to plug the anterior and posterior nares, in order to arrest the subsequent hemorrhage. The hard fibrous polypi, of which I have not time to speak to-day, we either cut off at their pedicular attachments in the nostrils, or strangulate at the root with a ligature. Dr. P. then proceeded to remove with the forceps, a polypus tumor, which occluded the right nostril. A second and third were discovered, and removed; the last and largest bringing with it a portion of the superior turbinated bone, to which its pedicle was attached. Very little hemorrhage followed their evulsion, and the patient was directed to return the next clinic day, and in the mean time to snuff through the nostrils a strained solution, made by pouring a half pint of boiling water on a drachm each of powdered Gum Myrrh, Borax, and clarified honey.

Operation for Cure of Periosteal Tumor.—Some of the class who were here last year, may recollect this patient. He had an exostosis of the tibia, in the lower part of the popliteal space. The tumor was of large size, and this, with the extreme pain caused by pressure on the nerves, rendered the limb useless. I divided one of the heads of the gastrocnemius muscle, and the attachment of the soleus, and sawed off the whole mass of enlarged bone. Protracted suppuration followed, but the case finally did well. I have seen a similar tumor in the case of D. Stewart, Jr., of Pittsburg, growing from the neck of the humerus, and pressing on the axillary nerves so as to paralyze the arm, which I removed in a similar manner and with the like good results. This patient has been again alarmed by a

swelling at the inside of the tibia of the same leg, about the middle of its shaft, but which, I believe, rather to be a soft periosteal tumor than a proper exostosis. He has been on the use of such constitutional remedies as the iodide and bromide of potassium, iron, guaiacum, and corrosive sublimate, and the external use of a belladonna and mercurial plaster. These have failed to arrest the growth of the tumor, and I am now going to resort to an operation, which I think, will cause it to disappear. It is a subcutaneous operation, by which, with the knife of Bouvier, we divide the periosteum over the tumor so as to take off the tension, and let the fluid, if there be any beneath, escape. It is rare that this treatment fails, if accompanied with constitutional remedies. The puncture is made, as you see, through the integument an inch below the tumor, and the knife slid up between the periosteum and overlying tissues. This division takes off the strangulation of the thickened periosteum. I press out the air from the incision, cover it with adhesive plaster, and apply cold water dressings, covered with oiled silk. He will continue the constitutional remedies as before.

Reduction of Dislocation of Humerus of Eight Weeks standing.—This was a case of dislocation which occurred at sea, for the reduction of which the ordinary methods had been applied skillfully, though unsuccessfully, on two occasions, five and six weeks after the accident.

DR. PAKCOAST remarked: In consultation with my colleague, Dr. Gross, I have thought it best to give this unfortunate French lady another chance in favor of reduction, although it is now about 8½ weeks since the dislocation took place. We both believe that there is little probability of complete success, and think that she will have a tolerably useful arm, even if we do not succeed. My colleague has sound and philosophical fears, in which I share, of the risk of injuring the axillary artery or breaking a rib, in the application of force sufficient to accomplish the reduction. The patient is a frail and delicate woman; but even at the risk of a fracture of one of the ribs, we have concluded to make the effort. It would be useless for me to use any methods that have previously been tried, and I will employ an instrument known as Jarvis' Adjuster, with which a very great degree of force may be exerted. Two unfortunate instances of rupture of the axillary artery occurred years ago in this city. If it should possibly occur here, we shall be prepared to ligate the subclavian artery. To avoid this accident, which I think, we may always do, we shall make no pressure of the artery against the head of the bone, but will make our counter extension against the side of the chest, and risk rather the breaking of a rib. The side to which the force

will be applied, however, and shall be well padded, protected from accident, as far as lies in our power.

While proceeding to adjust the apparatus, Dr. P. observed, that before the introduction of ether and chloroform, it is probable that one-half of the dislocations of the humerus, of two or three weeks standing, failed to be reduced, even with the aid of pullies and all the other accessories. Since their introduction the success has been infinitely greater.

The patient was now fully etherized, and the instrument adjusted, so as to make the extending force by a strap buckled around the humerus above the condyles, and the counter extension by a broad surface upon the side of the chest, which was well cushioned to protect the ribs. The arm was then elevated so as to relax the deltoid and supra-spinatus muscles. Several attempts to maintain the extension were rendered unsuccessful by the slipping of the band around the arm, for which the strap was rather too large. This was remedied by applying another roller above the elbow. Extension and counter extension were then more effectually made by the adjuster, and Prof. Gross found the head to move on the glenoid cavity with a grating sound. With the foot in the axilla so as to press the head of the bone outward, and with the manipulation of the limb, by Dr. Gross, while the instrument maintained the extension, Dr. P. succeeded, as he believed, in replacing the head of the bone in its socket. The full rounded form of the shoulder could not be restored; but this Dr. P. thought to be due rather to the wasting of the deltoid muscle, the swollen condition of the torn capsule and of the cellular tissue below the acromion, than to displacement of the bone, which though not entirely in its natural position, was very nearly so. In such cases, where the centre of the head of the bone does not exactly correspond with the centre of the socket, and the bone resists all further efforts at motion, the surgeon can do no more, and there is some reason to expect that the head of the bone will finally work into its proper position, when the surrounding inflammation and swelling disappears. The hand could now be placed upon the opposite shoulder. The elbow was then brought to the side and the arm retained in position by bandages passing around the chest.

January 14th. The patient was shown to the class, in as comfortable a condition as it was possible for her to be. Dr. P. was of opinion that the bone was in its socket, though the longitudinal axis of the humerus did not exactly correspond with the centre of the socket, and said that we cannot tell to what extent the articular muscles, or the long head of the biceps, may have suffered at the reception of the injury. The hand could be raised a great deal higher now than before the attempt at reduction, the prominence of the shoulder remaining very much the

same as seen after reduction. The hand of the injured side could now be placed on the opposite shoulder, which can rarely be done, unless the head is very nearly in its proper place at the glenoid cavity, as has been pointed out by Dr. Dugas.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Condensed from Photographic Reports for the Medical and Surgical Reporter.

MEETING OF JANUARY 25TH.

Fibro-Plastic Tumor of the Breast.—Papillous Growth in the Pharynx of an Ox.—Cases of Cerebral Abscess following Otorrhœa.—Puerperal Convulsions.—Fœtus in Utero.—Exostosis of Sacrum.—Cancer of Pylorus and Liver.

The Society met, Dr. KRAKOWITZER in the chair.

Fibro-Plastic Tumor of the Breast.—DR. SANDS presented a specimen of a tumor, which he had removed on Monday, from the breast of a young woman 22 years of age, apparently in the enjoyment of very excellent health. The tumor was situated at the inner border of the left mammary gland. Previous to its removal, whilst covered by integument and the subcutaneous fat, it was quite as large as an Havana orange.

The tumor was connected with the breast, and the breast moved with it. It was exceedingly firm and hard, being, however, quite elastic, not having the hardness of scirrhus, and no nodules were appreciable on its surface, nor was there any enlargement of the lymphatic glands. There was no implication of other parts of the body, nor any interference with her general health, which would lead to the suspicion of malignant disease. The only suspicious circumstance connected with the case was the very rapid growth of the tumor. It attained its present size in the short space of four months. The menstrual function, which was inquired into very closely, was not interfered with. There was a pain connected with the tumor besides that produced by manipulation; this pain came on while walking and taking exercise generally.

The tumor was removed without entire excision of the gland. The tumor presented very evident fluctuation; great care had to be taken not to open the sack. On opening the cyst, after the removal of the tumor, about three ounces of bloody viscid fluid escaped, which, under the microscope, presented blood corpuscles, many of them being in a perfect state, others being in various stages of degeneration. There were also numerous fat molecules and large granules, mostly composed of fat.

The tumor itself consists of a cyst, containing numerous projections of fleshy looking masses, growing from the inner wall. Some of these masses are mere convexities in the inside of the tumor, some others are attached by small pedicles. Some of these, on closer examination, present a very distinct lobulation—a warty-like growth—having very much the appearance of a cauliflower excrescence. A microscopic examination of the elements of this tumor showed it to be of the fibro plastic variety. These tumors have received different names. Sir Benjamin Brodie includes them under the head of Sarcoma. Paget has called them *proliferous cysts*, having found in them traces of glandular structure, analogous to that of the mammary gland. In this tumor I have found no evidence of glandular structure. There are no coecal terminations of tubes, indicative of glandular growth. The substance of the tumor is almost entirely made up of elongated cells, with elongated nuclei, together with a few fusiform cells.

All the appearances induced me to regard the growth as of the fibro-plastic variety, and not cancerous.

The rapidity with which the tumor was developed is remarkable.

Papillous Growth in the Pharynx.—DR. DALTON presented the specimen of a small tumor, which he found growing from the mucous membrane of the pharynx of the ox. The situation of the tumor is on the postero-lateral part of the pharynx; just about opposite the middle portion of the epiglottic cartilage. The tumor was about half an inch in diameter, with a small, constricted base. It consists of a great number of long, conical pointed filaments, which resemble very much the horny papillæ seen upon the tongue of carnivorous animals. There are little papillæ springing from a somewhat fleshy base, giving to the whole tumor the appearance of a somewhat hypertrophied compound papilla. Each of these papillæ has a capillary bloodvessel, terminating near its extremity. Most of them are covered with ciliated epithelium, similar to that of the mucous membrane of the pharynx. I have not had occasion to notice such a tumor before. I am rather inclined to think that it is a congenital tumor. It probably caused no irritation during life.

Cerebral Abscess, following Otorrhæa.—DR. THOMAS presented a brain, removed from a patient at Bellevue Hospital, with the following history:

Elizabeth N—, aged 14 years, entered the hospital on Monday last, this week, (Jan. 23d). Her health has always been good, with the exception of a discharge from the right ear, which began to show itself first some time in February last. After this time she was seized with convulsions, which appeared to be hysterical in character; these continued until

last April, when they ceased altogether, leaving her in the enjoyment of perfect health. I inquired very particularly with regard to the character, time, and duration of these convulsions, and so far as I could learn from the mother, they appeared to be distinctly hysterical; any sudden depression of spirits, any fit of anger, would be followed by a convulsion lasting sometimes for 45 minutes. She would frequently come out of the attacks by a fit of laughter, by attempting to bite those around her, or by a fit of sobbing—presenting in this respect all the characteristics of hysterical fits occurring in girls about the age of puberty.

On Tuesday of last week, she was seized with a convulsion accompanied with a violent pain in the right ear, which lasted until Saturday, when it stopped entirely. The ear then began to discharge a purulent matter; after this she complained of headache and pain in the region of the spine and about the neck and shoulders. During the day she vomited twice and appeared somewhat delirious, though understanding what was said to her. Saturday night she was again seized with convulsions, one of which lasted three-quarters of an hour. Between the convulsions she was delirious.

On Sunday she sank into a state of coma, which continued until the 23d of January, with the face flushed, pulse 140, and very feeble indeed; the skin not very hot, the tongue moist; no marks of indentation by the teeth; if roused up she would answer questions. She occasionally manifested a somewhat mischievous disposition as frequently seen in hysterical convulsions.

In the morning a new symptom was added—one pupil not responding to the influence of light while the other contracted freely; she still, however, retained her consciousness, would rouse up when spoken to, and partook of the food offered her.

The treatment at this time consisted in the application of two dozen cups to the spine, together with flannels soaked in turpentine, left on until the rubefacient effect was apparent. After this she appeared somewhat better, the pupils responding quite readily to light.

She continued in this state until Tuesday morning, when she died, after a repetition of the convulsions.

The postmortem examination was made this morning, when there was found at the base of the brain abundant traces of pus. At one point, just above the petrous portion of the temporal bone there was evident fluctuation and on cutting through the brain substance about a drachm of pus escaped. It was quite evident that the pus outside had not come from this abscess, as there was no communication from it to the outside. The pus on the outside was evidently the result of acute local meningitis ending in purulent effusion.

When she was first examined, I took into consideration the fact, that there *might* be an abscess of the brain, resulting from this inflamed condition of the ear, as I had lost one other case in this way. But still I was inclined to think that these convulsions were not due to disease of the brain for the reason that they had lasted for a considerable time, and left her in good health during the intervals.

Again the convulsions so closely simulated those of hysteria that I could trace no connection between them and the otorrhœa, with the exception of which the girl had been healthy in every respect, and the very important question arose, how could in a case of this kind hysteria be diagnosed from disease of the brain, especially in a girl approaching the age of puberty, where the hysterical convulsions, if they occur at all, are apt to be very violent?

Dr. BIBBINS stated that he had seen a case somewhat similar to this at the Children's Hospital, on Randall's Island, in a child suffering from otorrhœa. Hemiplegia set in. Just back of the ear there was a purplish appearance, as if the bone was about to exfoliate from death of the part. The child at this time was not confined to the bed, the only apparent illness being the paralysis from which it had suffered for some months; suddenly one morning it was seized with a convulsion and died. The autopsy revealed a very large abscess at the base of the cerebellum, so large indeed that it was astonishing how the child could have lived so long with so extensive a lesion.

Puerperal convulsions.—Specimen of fœtus in utero.

—Dr. THOMAS next presented a specimen of a fœtus in utero, surrounded by its membranes. It was removed from a woman who had died from puerperal convulsions in Bellevue Hospital, and who had been under treatment there for some time for phthisis and cardiac disease.

On the day before yesterday she was brought into the lying-in ward with a puerperal convulsion. Yesterday morning another convulsion took place, which passed off, leaving her in a state of coma. Two or three hours later she was seized with a third convulsion.

When I saw her in the middle of the day she was having the attacks every 15 or 20 minutes. No œdema could be discovered anywhere, but on examining the urine after death it was found albuminous and high-colored. Uremic poisoning evidently existed, though no œdema was present.

Twenty-four hours after the first attack, while making an examination during one of the convulsions, I found it almost impossible to insert even the tip of the index finger into the os. The patient soon died.

The subject of interest to him in this specimen, Dr. T. stated to be the condition of the os, the

appearance of which in his opinion disproved some of the existing theories regarding to its change in form during the latter months of pregnancy. The common view is, that the cervix begins to disappear from above downward according to Churchill, in the following ratio: at five months one fourth of the os has disappeared; at seven months one half; at eight months three-fourths; and at nine months the whole cervix disappears, loses its pyriform shape and becomes globular. Dr. STOLZ, of Strassburg, however, in 1826, asserted that the cervix did not disappear from above downward, but precisely in the opposite direction, from below upward. At certain periods in pregnancy, therefore, the finger in examinations would reach the os internum, the diminution of the os externum continuing until the end of the ninth month, it finally disappears with the first pain.

When I first examined the cervix in this case I thought that the view of M. STOLZ was substantiated, but on further examination, I believe, the condition of things in this case, substantiates neither the one view nor the other. In the first place, the opinion of M. Stolz is not confirmed here, for it was impossible to introduce, even a penholder into the os, and to touch the fœtus. At the post mortem examination, the index finger was introduced with some difficulty through the os. Then again the os-internum was nearly four times as large as the os-externum. Dr. T. expressed his desire to hear Dr. DALTON's views, in regard to the disappearance of the cervix, during the latter months of pregnancy.

Dr. DALTON stated that although he had but little obstetrical experience, regarding the point in question yet he thought, that he could say very positively, simply from his own observations alone, that neither the os-externum nor the os-internum disappear at all, even up to the end of the ninth month. He had seen in cases, where the uterus had been ruptured during labor, both the os-externum and the os-internum. There certainly can be no doubt that the mucous membrane of these two parts remains the same. He did not believe that any portion of the cervix was actually taken into the body of the uterus. The functions of the two parts—os-externum and internum—are just as distinct, as those of the uterus and vagina. With regard to the relative size of the os-externum and internum in this case, he thought that the external os was unnaturally small, and this would account for the apparently large size of the internal os.

Exostosis of Pelvis.—Dr. FINNELL presented a pelvis removed from a woman, about 45 years of age. At the upper part of the sacrum, near its junction with the last lumbar vertebra, there is a small but very sharp bony projection. The specimen was of interest from the fact, that this sharp bony projec-

tion, would have rendered the woman very liable to rupture of the uterus, during the progress of a tedious labor, from the pressure of the body of that organ against the projecting bone.

Cancer of Pylorus, Stomach and Liver.—Dr. KRAKOWITZER presented the stomach, and part of the right lobe of the liver, taken from a woman who died at 5 o'clock this morning. She was 31 years of age, was married at 16, since which time she had been pregnant four times, and had three children now living, the eldest being about 10 years of age. She enjoyed good health generally, with the exception, that her stomach has always been somewhat delicate, obliging her to be very careful in the selection of her diet, and has never been sick so as to be confined to bed. After the fourth pregnancy, which happened in the fall of 1837, her morning sickness became much more annoying than on former occasions, and finally the vomiting became so severe, that she could not eat the least particle of food, for fear of aggravating the attack. She became very much emaciated, and reduced to almost the last degree of debility. Dr. —, saw her about the commencement of May, 1858, and after trying all the usual remedies, without relief of the vomiting, proposed immediate delivery. Though from the character of the stools and the matter vomited, some suspicion of malignant disease was entertained, yet on account of the distended state of the abdomen, and the gravid uterus, no satisfactory diagnosis could be made, as to the existence of a malignant tumor.

Premature labor was induced on the 20th of May by means of uterine injections, and she was delivered on the same day, gestation being then advanced to about the end of the seventh month. The child lived for some thirteen days.

Very soon after delivery the woman began to improve and could retain some food. The vomiting, however, still continued, and she consulted various physicians and a number of empirics. Dr. K. saw her once or twice, when a diagnosis of cancer of the stomach was made without any difficulty. As no relief could be afforded, she again fell in the hands of the empirics, and gradually growing worse, she died this morning.

Postmortem examination.—Great emaciation; on opening the abdomen, its cavity was found to contain about three quarts of clear dropsical serum, the stomach was covered by the left lobe of the liver, which was pushed over in the left hypochondriac region. The pyloric portion of the stomach was the seat of a hardened tumor. The glands of the omentum were hardened, but not enlarged. The ductus communis coledochus and the large bloodvessels, which enter the liver were pervious. On laying the

stomach open a morbid deposit is seen between the mucous and muscular coats, chiefly in the neighborhood of the smaller curvature. The membrane of the cardiac portion is remarkably healthy—quite uncommonly so.

On microscopical examination the tumor and the deposit is found to consist of a stroma containing round and oval, pullucid cells, some having one nucleus, some containing two. Some of the cells are commencing to be divided into two.

The substance of the liver presents a marbled appearance, having on its surface depressions and nodosities. The capsule of the organ appears to be somewhat thickened. Here and there are streaks of obliterated bloodvessels. These nodosities are evidently cancerous in their nature.

The dropsical effusion, observed in the abdominal cavity, had obviously been of very recent date, as the husband stated that during the last few weeks of the disease the abdomen was very much sunken, and only commenced to swell three or four days before her death.

EDITORIAL DEPARTMENT.

Periscope.

Asphyxia of New born Children.—Dr. A. T. Keyt, in an article in the *Cincinnati Lancet and Observer*, on the relative value of the old or mouth to mouth method of treating asphyxia Neonatorum, and the Marshall Hall method. He says that the case of the asphyxiated new-born child is not just parallel with that of the asphyxiated adult. The first has never respired. The chest has never been expanded; the air vesicles have never been opened. The chest and lungs then do not possess that elasticity or resiliency which would be so important an element in successfully carrying on the "rotation process." It would be difficult to understand how, under it, the first expansion of the lungs could take place; when the child is turned on its face, the lungs being already compressed, the capacity of the chest could be thereby but little, if any, diminished; and when turned upon the side and a little beyond, as directed, it could be but little, if any, increased. Whether here there be any ingress and egress of air has yet to be determined by experiment. This test, instituted, as is well known, by Marshall Hall at St. George's Hospital, was in reference to adults. This peculiarity, then, of the new-born child can but constitute a serious impediment to the successful performance of the rotation process. But it possesses characteris-

tics which render it a very suitable subject for the mouth to mouth operation: its small size admits of its being placed in any position that may best suit the convenience of the practitioner; its small mouth is easily encompassed by his mouth, and the force of his breath is entirely sufficient to expand its delicate lungs; and the child, accustomed as it has been to imperfectly arterialized blood, is readily quickened into life by contact with its air vesicles of air no purer than the breath of the practitioner; moreover, no real difficulty is here experienced in the falling back of the tongue.

If the two processes be compared in reference to the qualities *ready, easy of performance, and effectual in the purpose*, it is plain that the old plan is as *ready* as the new, since by it the child is treated "*instantly and on the spot*;" that *ease of performance* pertains almost as much to the one as to the other (since no apparatus or complicated manœuvre is required in either case,) and if there be here a slight difference in favor of rotation, it is not such as to influence the mind of the practitioner in deciding which process to pursue.

Chloroform in Obstetrics.—By Wm. Pettigrew.—Western Medical and Surgical Society. (*Medical Times and Gazette*.) As a general rule he deprecated its use in ordinary or natural labor, for the following reasons: 1. That the Accoucher should attend solely and strictly to his own avocation, and that it therefore necessitates the presence of a second practitioner. 2. The folly of incurring any risk of asphyxia or death, although such cases in the lying-in room are rare with chloroform in comparison with those in which surgical operations are performed. 3. That under ordinary circumstances where matters are favorable and progress natural, it tends to depress the system, leaving the entire expulsion of the fœtus to the efforts of the uterus, supplied as it is by organic nerves, while the muscles of animal life which so forcibly assist its action are almost paralysed. 4. By its administration there is danger both to the mother and child. Cases illustrative to these objections were related; the exception to the general rule being, where the mother was of a delicate and nervous temperament, and where chloroform was administered in a very modified form, more to attract the attention of the patient from her fears than to lessen the natural throes of labor. In protracted labor the author had experienced much benefit in its administration, and although the pains for the first ten minutes appeared

arrested, they afterwards returned more strongly, with greater regularity, and under its use the rigidity relaxed, the mucus became more freely secreted, the countenance of the patient became less anxious, and the pulse quickened at first, became stronger, and the child was born in a very short time. Cases illustrative of the facts were then related. The author, in his limited experience, bore out the observation of Dr. Simpson, that hæmorrhage seldom or never occurred after the use of chloroform.

European Opinions of Wutzer's Operation for the Radical Cure of Hernia.—The following is an extract from a letter from Dr. J. C. Nott, Professor of surgery in the Medical College of Alabama, to the *New Orleans Medical and Surgical Journal*:

The operation for radical cure of hernia was attracting a good deal of attention in our journals before my departure for Europe, and it being one of very great interest, I determined to make some inquiry as to what was doing in this line among the surgeons here, and was surprised to learn how little favor it has met with among the more sober-minded surgeons.

In Paris I talked with Velpeau, the Nestor of French surgeons, with Nélaton, and others, and they all say that Wutzer's operation, or any other on similar principles, cannot be relied on, the disease returning in the great majority of instances. In fact, the operation is scarcely performed at all now in Paris; a great many experiments have been made on this principle, since the one of Gerdy; and all having proven unsatisfactory, the operation is now nearly abandoned in Paris. I had a long conversation with Mons Charrière, who has been the leading surgical instrument maker there for some thirty years, and he told me that he had no call at all at present for Wutzer's instrument, and kept none for sale in his shop. He told me, moreover, that he had some years ago taken the trouble to go to Bonn, in Germany, where Wutzer resided, to get information on the subject, and that after investigating the matter fully, came back to Paris satisfied that the operation would not do—the rupture soon or late returns, according to his information.

In London, I went round to the hospitals, and talked with several leading surgeons and instrument makers, and I found that the operation was here decidedly losing ground, although it is still performed to some extent. Spencer Wells seems to have gone more deeply into it than any one else in London, from whom

FEI
we
his
to c
Lou
did
not
T
oper
larg
its
cert
prop
prop
ratio
oper
and
justi
inclu
of ca
oper
D
Aud
Medi
had p
comp
the e
worm
inche
the m
posed
the st
chian
tympe
Chi
nancy
us rec
ele in
nancy
Ext
ach b
is repo
cal Jo
A n
some e
a bar
long a
down l
patient
and a
failed
As the
the acc
sympto

we see in the journals; and when I alluded to his experience, as published in the journals, to one of the most distinguished surgeons of London, he shrugged his shoulders and said he did not know much about Mr. Wells, and did not think his experience was great.

That the hernial ring may be closed, by this operation, for a time, is certain; that in a very large proportion of the cases the rupture works its way out again, sooner or later is no less certain; and the points to get at now, are what proportion is really successful, what are the proper cases for the operation, and whether the proportion of successful cases justifies the operation at all. I have performed a few of these operations, but my experience is too limited, and the time since the operation too short, to justify me in forming an opinion, though I am inclined still to think that a judicious selection of cases for operation might be made, and the operation to a certain extent employed.

Discharge of a Worm from the External Auditory Meatus.—The case is reported in the *Medical Times and Gazette*. The child, who had previously suffered from intestinal worms, complained for some time of intense pain in the ear, for which a poultice was applied. The worm, which was an *ascaris lumbricoïdes*, six inches in length, was found lying partially in the meatus and on the poultice. It was supposed that the worm had made its way from the stomach up the throat and into the Eustachian tube, and perforating the membrana tympani escaped into the external meatus.

Chlorate of Potash in the Vomiting of Pregnancy.—Dr. Howell, of Illinois, has stated to us recently, his success in the use of this article in cases of obstinate vomiting during pregnancy.

Extraction of a Bar of Lead from the Stomach by Gastrotomy.—This interesting case is reported in the *Boston Medical and Surgical Journal* by Dr. Bell, of Wapello, Iowa.

A man aged thirty-two, while attempting some experiment in jugglery, accidentally let a bar of lead, ten and three-quarter inches long and weighing nine and a-half ounces, slip down his throat and into his stomach. The patient suffered no immediate inconvenience, and a probang passed down to the stomach failed to detect the presence of a foreign body. As the patient was intoxicated at the time of the accident, and as there were no rational symptoms of the lead in the stomach, it was

thought proper to wait for further evidences before proceeding to the serious operation of gastrotomy.

On the eighth day the patient first complained of gastralgia and abdominal tenderness, with vomiting of a dark watery fluid, pulse small and tense, anxiety, restlessness and prostration. On the next day the patient was placed under the influence of chloroform, and an incision was made from the point of the second false rib to the umbilicus, dividing the integument, thence through the abdominal muscles to the peritoneum which was exposed the whole length of the incision and then divided on a director. A spasmodic contraction of the abdominal muscles followed, forcing some intestines and omentum through the wound. By increasing the anæsthesia the spasm was relieved and the viscera returned. The hand was then introduced, and grasping the stomach, the bar of lead was distinctly felt. It lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice; the lower end in the great curvature of the stomach, to the left of and below the pylorus. The lower end was then seized and pushed upward, that the incision in the stomach might be made as high as possible. The coats of the stomach were then divided over the end of the bar, to a sufficient extent to allow its extraction. After this the stomach was allowed to resume its natural position, and the external wound closed by interrupted sutures and adhesive straps, and covered with compress and bandage. Some protrusion of the omentum between the sutures followed, but the patient rapidly recovered.

New Method of Extracting Gunpowder from the Skin.—Instead of extracting the particles of gunpowder from the skin, by means of the point of a needle or bistoury, M. Busch applies to the part, a solution of corrosive sublimate, five grains to the ounce. An eczematous eruption is thus excited, and the dried vesicles then contain the grains of gunpowder.

In the year 1567, the midwives took the following oath in England: "I will not suffer any other bodie's child, to be set, brought or laid before any woman delivered of child, so far forth as I can know and understand, also I will not use any kind of sorcerye or incantation, in time of the travail of any woman."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 4, 1860.

THE CANCER CURERS.

Those diseases which are least amenable to the resources of medical science or art, are those most commonly and unfortunately the prey of the empiric. The announcement of incurability, or the dread of the hand of the surgeon, frequently induce the sinking sufferer to grasp vainly at straws, and there are in all communities vultures in the form of "cancer curers," who subsist by impoverishing the dying and exciting false hopes which only hold out until the last fee is extracted or death impending.

Beside this inhuman trifling with the incurable, another resource, and it is that which is the only element of their continued popularity and success, is the practice of pronouncing to the confiding patient every trifling innocuous growth or discoloration on the surface to be a cancer, then sloughing or eroding it away with arsenic or caustics, and announcing the case, along with the patient's certificate, as a cure of cancer.

Notwithstanding the fact that the profession are well aware of the deception which has been so long and so much practiced in this favorite field for the impostor, the so-called cancer curing, yet the unprecedented success of at least two of those who have latterly flourished, has been owing to the credulity of some of the very leaders in professional influence and position in Europe.

Through the permission of the most famous of French surgeons, an ignorant and brutal negro who claimed to be in possession of a secret method of curing cancers, was lately allowed to experiment with secret remedies upon the patients in one of the largest hospitals of Paris, and thus secure a notoriety, which was still further increased by his eventual expulsion from the wards. He then publicly stated that his expulsion was owing to jealousy on account of his great success and his unwillingness to disclose his secret. Fortunately for humanity, the career of the negro was brief,

and he is now securely and deservedly lodged within the walls of a prison.

Through influences of a similar character an American adventurer produced a few years ago in England a general sensation, and so far obtained influential professional confidence as to obtain entrance, for a similar purpose, to one of the London Hospitals, and was thus aided in establishing for himself the notoriety so essential to a profitable career. The result of the treatment was, of course, a failure, but the resulting notoriety was a pecuniary success.

The very latest pretending performer of miracles in cancer curing, bears the title of the Reverend Hugh Reed, curate of St. Saviour's, London. He is a member of that immaculate profession who frequently think their abilities too much smothered in the folds of the surplice, and, not satisfied with propagating quackery with their voices and patronage, sometimes prefer the grossness of somatic to the divinity of spiritual healing, and quit the latter, much to their pecuniary advantage.

There are in this country, as in Europe, great numbers who call themselves cancer curers, but their pursuit seems here to be less profitable, and their patronage is among the ignorant and credulous. They secure few victims among the better classes, and we are sure that the medical officers of the hospitals in this country could not be duped by their pretensions into allowing them to tamper with the unfortunates in the wards who are afflicted with cancerous disease.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

We are sorry to announce that Drs. Morland and Minot, who have, for the last five years had the editorial management of this sterling weekly, have withdrawn from that position. Our intercourse with these gentlemen during their editorial career has been most pleasant and profitable, and we part from them with great regret. Who their successors are to be is not yet announced, but we have no doubt that the publisher will secure an efficient edi-

torial
dant.

W
say t
a ma
their
to ele
that
and p
main
tion
than

TH

W
who
mond
They
main
of the

On
been
the s
place.
They
that t
of Pl
Decem
we be
lowed
the v
seven
Colleg
Univer
from
phia.

Not
forty"
vania,
der"
solitar
act nu
from
was r
above,

We
our bi
Jan. 2

torial corps, as the material in Boston is abundant.

We must do the late editors the justice to say that they have conducted the *Journal* in a manner creditable to themselves, and that their course has been such as was calculated to elevate the profession. And we doubt not that had they been the proprietors of the work, and possessed that indispensable requisite to maintain a good journal, a very large subscription list, they would have done much more than they did.

THE SECEDING STUDENTS ONCE MORE.

We notice that the students from this city who were caught in the meshes of the Richmond net, have had another public meeting. They show a disposition to lose what little remaining chance there is for getting any good of their winter's study.

One object of the meeting seems to have been to lay claim to a larger secession from the schools of this city than actually took place. But resolutions can never alter facts. They say, "we wish to make known the fact, that two hundred and fifty-seven left the city of Philadelphia on the evening of the 21st of December, 1859, for Southern Colleges, and we believe that fifty or seventy-five more followed in less than ten days thereafter; that of the whole number about two hundred and seventy-five were from the Jefferson Medical College of Philadelphia, about forty from the University of Pennsylvania, and the remainder from the Pennsylvania College of Philadelphia."

Now the fact is, that instead of "about forty" having left the University of Pennsylvania, only seventeen left, and "the remainder" from the Pennsylvania College, was a solitary one. We are not apprised of the exact number that left the Jefferson College, but from reliable information we believe that it was not more than half the number given above, if it was that.

AN EXPLANATION.

We are not a little surprised to learn that our bit of *plaisanterie* in the *REPORTER* for Jan. 21st headed "*Didn't Know How*," has

been misunderstood. In referring to the attempt to induce Southern students in the medical schools of New York to secede, which, happily for the students, proved to be almost an entire failure, we playfully attributed the failure of the attempt to the want of management, as contrasted with the movement here, which, it is known, was engineered principally by two gentlemen who had a large class of Southern students. In order to show how they *might* have got up a secession excitement in New York, we *supposed* a case. Knowing that Drs. Gaillard Thomas and Aylett were prominent teachers of medical students in New York, we simply said, that *if they had placed themselves at the head of the movement*, and excluded debate, etc., as was done in this city, it would have been successful. The manner in which the proposition was put, ought to have been sufficient to show that we had no idea of charging Drs. Thomas and Aylett with having encouraged the attempt that was made, for we said plainly, that *if they had*, it would have been successful. On the whole we are compelled to regard this new blunder as another evidence of the want of "smartness," among some of our brethren in New York.

We have received the following note from several members of Dr. Thomas' class, which is cheerfully published, with the hope that its effect will be to set everybody "right."

Editors of the Medical and Surgical Reporter :

Having seen, with no little surprise in your issue of Jan. 21st, under the title and simple head of "*Didn't Know How*," an erroneous statement concerning the position taken by our preceptor, Dr. T. Gaillard Thomas, of this city, in reference to the proposed departure of Southern students from the University Medical College, we write to request a full and immediate correction of the whole matter.

Dr. T. so far from encouraging the students, did all in his power to prevent their taking the proposed step, and, in our opinion, the clearness, force and earnestness of his appeals, at both meetings, were greatly influential in quieting the excitement.

If you leave the matter as it now stands, you will do serious injury to one who has done nothing to merit this grave charge contained in your issue referred to, and we therefore hope that your high regard for justice will induce you at once to correct it.

It is hard, nay, even impossible, after Dr. T. so

freely and openly expressed himself in opposition to the movement, to imagine how you should have been led into this error.

Very respectfully yours,

E. JULIAN MOSELEY,
HENRY W. BOONE,
R. J. MAYS,
SAMUEL W. FRANCIS,
E. S. BUIST.

DRUGGISTS' MISTAKES.

In another column, a correspondent presents some considerations in reply to an article published in the *REPORTER* two weeks since. While there are some views in the article worthy of consideration, there are others that do not commend themselves to our judgment. We are fully agreed with the writer in regard to recommending well qualified druggists, though we would by no means use "their paper"—meaning, we suppose, paper with the card of a particular druggist on it.

As to writing prescriptions that are intended to "pay" the druggist, that is the last thing the physician should think of. He should use as little medicine as possible, and his prescriptions *ought, in reality, to be compounded in his own office, and under his own eye.* The apostrophe about the physician's fee of one to five dollars, etc., is overwrought. The boot happens to be on the other leg. It is very few prescriptions that the physician gets paid for, while the druggist gets his large percentage on almost *all* that he compounds, whether for rich or poor.

The druggist, ought, without question, to be competent enough for his business to detect an evident error in a physician's prescription—though these should, of course, never be made. But the real difficulty is, that the drug business, like almost all other kinds of business, (except farming,) is overstocked, and druggists, to eke out a living, complicate their legitimate business with the sale of tobacco, fancy articles, and everything almost, "from a needle to an anchor," on which they can turn a penny. Our correspondent looks on prescription writing too much in the light of a mere *business* transaction.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The fifty-third annual meeting of this society will be held in the city of Albany on the 7th day of February. The session will continue three days. A large attendance is anticipated, and many papers of interest will doubtless be presented.

The report from the committee, consisting of Drs. Blatchford, Thompson, and Townsend, relating to the examination of students, and a second degree in the medical profession will be submitted for consideration.

The address by the President, Dr. B. Fordyce Barker, of New York, will be delivered in the capitol on Wednesday morning, the 8th inst. The proceedings of the Society will be laid before the profession, through the columns of the *REPORTER* in advance of every other medical journal.

Correspondence.

"DRUGGISTS' MISTAKES."

Pittsburgh, Pa., Jan. 31st, 1860.

If there is merit in originality, all credit, certainly is due to a writer, in a late number of the *Medical and Surgical Reporter*, for one of the most novel and brilliant propositions which have lately fallen under our observations; viz, to make druggists personally responsible, not only for their own mistakes, but also for those of physicians. If the public mind could only be disabused, in regard to the propriety of the existence of a certain myth, called Justice, this would be one of the most convenient arrangements that could possibly be made. How pleasant it would be for the physician, to be able to say, I am not responsible for any error I may have committed; the druggist is the scape goat of the medical profession, on him let all our sins be laid. I would suggest that the gentleman go a step further, and demand that the druggist be punished in all cases of mal-practice, in all instances, and where a patient suffers or dies from the ignorance of the physicians. What business has he to put up a prescription, unless he is satisfied that it is the very best that could be given, under the circumstances.

Seriously, is there any man so constituted as to imagine, that any person can be held accountable for the actions of any other person, not under his control? And if not, is it right or equitable, to make the druggist answerable for the recklessness, ignorance or inadvertence of physicians or charlatans? Every physician acknowledges his liability to err, and my experience is, that were druggists as

careless in compounding prescriptions, as physicians are in writing them, ten mistakes would occur, where there is now one. And yet, strange to say, the very men who are so ready and willing to confess their own sins, are clamorous for the enactment of stringent laws, for the prevention of like crimes in others. They claim, in one breath, fallibility for themselves, and in the next, demand infallibility in others. Shame upon you, gentlemen, the veriest taskmaster would not require as much of his slave!

Physicians have this matter almost entirely in their own hands; can accomplish more than all the rest of the community combined, and that without a single act of Assembly, in such cases made and provided. Allow me to suggest a few plain rules for the government of the profession, which, I am satisfied will obviate the great majority of "druggists' mistakes."

1st. Patronize only honest and thoroughly qualified druggists. Do not be satisfied simply with writing on their papers, but insist upon your patients procuring their medicines from them. This course properly pursued, will soon drive incompetent men out of the business, and will induce others intending to enter it, to prepare themselves, by what you may recognize as a suitable course of study.

2d. As a further inducement for men to spend time, labor and money in qualifying themselves for the business, make your prescriptions pay. In this, physicians have unlimited power. Patients will give more for a four ounce mixture than for a one ounce, even if the number of doses in each be the same. Other things being equal, the more highly remunerative a business is, the greater the number of competent and educated men who will engage in it, and it is far better that your patient should suffer in the purse than in the body. It is astonishing to me, that a physician who will complacently pocket one, two or even five dollars for a prescription, will endeavor to put it into such a shape, that the druggist can make the least possible charge for it, although he knows that its compounding will require more time and labor, and perhaps more skill and knowledge than its writing. Live and let live, gentlemen.

3d. Write as distinctly as you can, and eschew all syllabic abbreviations. The suggestion of Gov. Newall, that every word in a prescription should be written entire, is a most admirable one, and I am confident would obviate fully, one-half of the fatal mistakes that are committed.

4th. Append full and explicit directions to each prescription, and avoid such indefinite and nonsensical ones, as "Take as directed," "Use as before," &c. For your own and your patients sake, give the druggist an opportunity to detect any errors, into which you may fall. He will then, of course, return the

prescription to you for correction, although he may deny the equity of being held penally responsible for your carelessness.

5th. Write as few prescriptions as possible after night, and especially then do not order poisonous articles. Just aroused from sleep, neither your brain, nor that of the druggist, is as clear or cautious as during the daytime.

6th. If a druggist is unable to decipher your hieroglyphics and sends a prescription back to you, do not curse his stupidity, but treat him in a gentlemanly manner, encourage him to return others, instead of "guessing" at them, as he will be tempted to do, if you insult and abuse him.

I hope that physicians will consider and act upon these suggestions, and I am well assured that good results will follow.

D. MINIS, JR., M. D.

News and Miscellany.

The Private Courses for Instruction.—There is nothing which indicates the appreciation of the extraordinary opportunities presented in this city for medical instruction more than the great patronage which is deservedly given by students to the numerous private courses on subjects of a practical character.

The private dissecting rooms and amphitheatres for anatomical lectures are particularly well attended; one of these institutions, the Philadelphia School of Anatomy, has a class of two hundred and forty-eight, which is the largest private class in existence, and its size has only been limited by the space necessary for their accommodation.

The courses on obstetrics, made practical by actual bedside experience, are well appreciated by the more advanced students.

Courses of instruction in operative surgery on the cadaver, and the details of minor surgery, occupy much attention of students in individually acquiring these manipulations.

Practical experience in the chemical laboratory, and in pharmaceutical preparation and experiment, is sought by all who desire to qualify themselves with more than a theoretical education on these subjects.

The successful career of private teaching adds much to the attainments of the graduates, and aids in maintaining the pre-eminent medical character of Philadelphia.

M. Cloquet has been appointed President of the Academy of Medicine of Paris.

Baillière of Paris, the well known medical publisher, died recently.

Dr. N. L. Hatfield has been appointed one of the Consulting Obstetricians of the Northern Dispensary of Philadelphia, in place of *Dr. T. H. Yardley*, deceased.

The Philadelphia Association for Medical Instruction announce their eighteenth annual course of summer instruction, to commence early in April.

The course is intended to be practical in its character, and embraces the full curriculum as taught in the colleges. The Association is composed of gentlemen who are competent as teachers.

The course was discontinued during the past summer for reasons extraneous to the merits of the institution, and it is hoped that its revival will now receive the favorable attention of students.

A suicide by Chloroform occurred lately in Liverpool. Eight ounces of the article were poured into a dish, and the individual died with his head over the vessel.

The Hospital for Nervous Diseases.—*Dr. J. S. Ramskill* has been appointed, in connection with *Dr. Brown-Séquard*, a Physician to the National Hospital for the Paralysed and Epileptic.

A Hospital Ship.—The British government has fitted up a vessel called the *Melbourne*, as a hospital ship, to be sent to the Chinese seas. This is the largest vessel which has been appropriated exclusively for such a purpose, and its internal arrangements are elaborately finished for the accommodation of the sick or wounded. It is a large ship of fifteen hundred tons, having the entire gun-deck for one sick ward, containing one hundred and fifty berths, and is properly ventilated and lighted.

Poisoning by Arsenical Vapor.—A case of poisoning from the bright green paint on the inside of a lamp shade is reported in the *Lancet*.

The patient, a watchmaker, sat with his mouth within a few inches of a shade colored with aceto-arsenite of copper, which was volatilized by the heat from the flame. The symptoms, which were ulceration of the mouth and gastric disturbance, commenced in a few days after first using the shade, and ceased on its discontinuance.

A Helmet of the New Metal, Aluminium, has been made in Paris for the King of Denmark. The advantages of the metal for such a purpose are sufficient strength, with remarkable lightness.

Death of a Medical Practitioner from Chloroform.—*Dr. Renwick*, a medical practitioner of Alloa, Scotland, died recently under the influence of chloroform, which was administered for the purpose of undergoing an operation on an inverted toe nail. He had, some time previously, suffered from pain in the region of the heart, and it is said that his father died suddenly of heart disease.

Claude Bernard.—A course of lectures by this distinguished French physiologist, which are now being delivered, are to be published in the *Medical Times and Gazette*. The subject is Experimental Pathology and Operative Physiology.

Nævus cured by Creasote.—*Dr. Buzalsky* reports in the *Med. Zeit.* the entire removal of a nævus on a child's temple by pencilling twice a day with creasote.

The Veddah Tribe in Ceylon.—In the report of the proceedings of the Ethnological Society of London, in the *Lancet*, is a remarkable account of this barbarous tribe, of which little is known. Two skulls of individuals of the tribe were exhibited. The crania were small and very narrow, giving the zygomatic arches an appearance of extreme lateral projection.

The only detailed notices of these Veddahs are to be met with in the travels of Captain R. Knox, published about 200 years back, in the account of Ceylon by *Dr. John Davy*, and the recent work by *Sir Emerson Tennent*. These writers, and also *Mr. Bailey* and *Mr. Bradford*, from whom recent communications had been received, bear testimony to the fact that the Veddahs are the aboriginals of the island, and that before the Christian era they retired before invaders from the banks of the Ganges to the jungles and hills in the south-east of Ceylon, where they have remained isolated for more than 2,000 years. A custom which they have of never, if possible, coming into contact with other people, and of not showing themselves even when they engage in matters of barter with the travelling traders of the country, accounts for the maintenance of their isolation, and at the same time iden-

titles
descri
seen
thous
grade
speak
very
rema
gales
are d
late
anoth
Vedd
hair
lump
seek
platf
for t
using
the l
but
the
that
futu
char
even
sort
They
them
no i
hour
educ
thei
not
writ
of
noth
The
com
or k

7
Dun
writ
expl
whic
In d
frig
tons
amo
Lor
duct
in h
“
sails
mus
take

tifies them with the aboriginal inhabitants, as described by ancient writers. The Veddahs seen by Sir E. Tennent had flat noses, prognathous jaws, were of low stature, and very degraded in aspect. Mr. Bradford, however, speaks of one whom he met with as resembling very much a Cingalese coolie; and it may be remarked that they speak a dialect of the Cingalese language, though the more degraded are described as scarcely possessing an articulate tongue, and as communicating with one another by signals and guttural sounds. The Veddahs go about in nearly a nude state, their hair falling down to their middle in matted lumps. They live in the forests, and at night seek shelter under rocks or in caves, or on platforms raised amid the trees. They depend for their subsistence on the bow and arrow, using their feet as well as hands in drawing the bow. In their diet they are omnivorous, but consider lizards and roasted monkey as the greatest delicacy. Sir E. Tennent says that they have no knowledge of a God or a future state; no temples, idols, prayers, or charms; in short, that they exhibit no instinct even of religion. Their only ceremony is a sort of devil-dance, by which they avert evil. They do not bury their dead, but only cover them with leaves in the jungle. They have no idea of time or distance; no names for hours, days, or years; and, in the matter of education, are unable to count beyond five on their fingers. They have no amusements, and not even the rudest kind of music. The writer last quoted says further, that they are of gentle disposition, and though knowing nothing of virtue, rarely commit great crimes. They exhibit in a striking degree the effect of complete isolation, either in degrading man to, or keeping him in, a state of abject barbarism.

The Doctor at the Helm—The veteran Lord Dundonald is now, at the age of eighty-five, writing his autobiography. He relates his exploits with a hearty and seaman-like spirit, which gives surprising interest to the narrative. In describing the dashing capture of a Spanish frigate by his little vessel, the *Speedy*, 158 tons—a feat which will always be remembered amongst the glories of the English navy,—Lord Dundonald thus refers to the gallant conduct of the late Mr. Guthrie. It is an episode in his life well worthy to be recorded:—

“Our rigging being cut up and the *Speedy*'s sails riddled with shot, I told the men they must either take the frigate or be themselves taken, in which case the Spaniards would give

no quarter, whilst a few minutes energetically employed on their part would decide the matter in their own favor. The doctor, Mr. Guthrie,—who, I am happy to say, is still living, to peruse this record of his gallantry,—volunteered to take the helm. Leaving him, therefore, for the time, both commander and crew of the *Speedy*, the order was given to board, and in a few seconds every man was on the enemy's deck—a feat rendered more easy as the doctor placed the *Speedy* close alongside with admirable skill.”—*Lancet*.

The number of physicians in the State of Virginia, according to the census of 1859, is 2,072.

A case of Death from Hydrophobia from the bite of a hog, which occurred while attempting to remove a bone which was lodged in the throat of the animal, occurred in St. Louis recently.

The Tea Plant is cultivated in Louisiana without any difficulty. It has shown its power to withstand the hottest days of Louisiana, and also the late freezing cold weather.

Latent Light.—At the last meeting of the British Scientific Association, Sir D. Brewster exhibited a piece of chalcedony, within which a minute landscape could be seen. If kept in total darkness for four hours, this marvelous picture vanished, but reappeared as vivid as ever on ten minutes exposure to the sunlight; proving that not only could a design be mysteriously insinuated into the interior of the mineral, but that light could be stored up therein, and produced at will. It was surmised that this effect had been produced by the action of nitrate of silver.—*Scientific American*.

Claude Bernard's Lecture Room in the College of France—The Paris correspondent of the *Medical Times and Gazette* gives the following description of the lecture of this eminent teacher of physiology:

It is a large square room, capable of containing six hundred students. At one side of the room, on an elevated platform, is the Professor's chair, immediately in front of which is a table, some ten or twelve feet long, on which all the experiments conducted in public take place. From the front of this platform the seats for the students rise in tiers. The roof is ornamented with four frescoes, representing Hippocrates, Aristotle, Buffon, and Linnæus.

Elegant as is the general appearance of the room, it has a serious defect. The light, being derived from the roof, falls directly on the table, and any delicate operation, requiring close inspection, forces the Professor to place his head in a position which effectually intercepts the rays of light on their way to the object under examination. In an adjoining apartment is the laboratory, which consists of two small rooms. In that nearest the lecture-room are some small furnaces, and sundry glass cases, containing the larger instruments required for the experiments. In the centre of this room is a strong, solid table, about five feet by three, perforated in sundry places, so as to permit cords to pass through it, to control the movements of the animals subjected to vivisection. The other room resembles a chemist's shop. In it are kept all the chemical and medicinal agents, as well as the smaller instruments. In one corner is a sand-bath, intended for experiments on cold blooded animals. Beneath these apartments, and connected with them by a stone staircase, are a series of cellars, dark and dismal enough, in which are kept animals of every description—dogs, rabbits, guinea-pigs, etc., etc.—with here and there huge basons and troughs, filled with frogs and other cold-blooded animals—all intended in their turn to be sacrificed and offered up on the altar of science.

A Consultation at Naples.—Dr. Quadri, the celebrated oculist, of Naples, states that in that city a consultation is not a means of advising upon a case sought by the practitioner, but is forced upon the family of the patient by public opinion—as, if it allowed one of its members to be treated for a serious disease by one practitioner only, it would incur universal censure. The consultation takes place without any discussion, and is a gratuitous spectacle to which the neighbors are invited in large numbers. The doctors being placed in a circle, the youngest speaks first and the eldest last, each making a more or less declamatory discourse on the case, and not unfrequently sacrificing the history of the patient to a fine phrase—the great object being to produce an effect, and not to contradict the views of the old consultant, whose opinion has been ascertained beforehand; upon him, therefore, devolves the determination of the treatment—merit succumbing here to age. Frequently this president is deaf, and he neither hears the answers of the patient nor the observations of his colleagues; but that is of no matter, as

it devolves upon him to determine the fate of the patient. God help you if you offer the slightest opposition to the conclusions of this Nestor; you will be subjected to the reprobation of the entire faculty. You will be stigmatised as imprudent or insolent, and to be quite ignorant of the *galateo medico*.—*Medical Times and Gazette*.

We have received from the publishers, Blanchard & Lea, a copy of Dr. Stille's new work on Therapeutics and Materia Medica, which will be further noticed in a future number.

The Wire Twister. An Old Invention with a New Claimant.—In "Seerigo Armamentarium Chirurgicum," on page twenty, plate forty-five, is an exact representation of the instrument for twisting metallic wire, said to be lately invented by Mr. Coghill, and recently described by Mr. Simpson, in his Clinical Lectures on Diseases of Women, in the *Medical Times and Gazette*. It is called "Graefe's instrument for twisting wire," and the illustration and description show it to be exactly similar to that described by Mr. Simpson.

The volume alluded to is in possession of Mr. Gemrig, surgical cutler, of this city.

Literary Mortality.—A late French writer of authority, M. de Tapies, gives the following interesting facts in regard to the chances of an author to secure lasting fame. How many there are in our profession whose reputations as writers are ephemeral, and yet, who can say that they have not accomplished something for the advancement of our science, although their works have not floated down the stream of time?

Out of 1,000 published books, 600 never pay the cost of printing, etc., 200 just pay expenses, 100 return a slight profit, and only 100 show a substantial gain. Of these 1,000 books, 650 are forgotten by the end of the year, and 150 more at the end of three years; only 50 survive seven years' publicity. Of the 50,000 publications put forth in the 17th century, hardly more than 50 have a great reputation, and are re-printed. Of the 80,000 works published in the 18th century, posterity has hardly preserved more than were rescued from oblivion in the 17th century. Men have been writing books these 3,000 years, and there are hardly more than 500 writers throughout the globe who have survived the outrages of time and the forgetfulness of man.

Another "Black Doctor."—The following is a part of the public advertisement of a negro doctor who resides in the upper part of this city:

"T. Edwards is naturally a Doctor—having a gift from the Lord. My mother was her mother's seventh daughter, and I am her seventh son; my father was a seventh son, and I am his seventh son; I was born with seven cauls, and I am a seven months' child, and walked in seven months after I was born, and have shed my teeth seven times."

The following order for a book has been received in this city, and we consider it worthy of record as a specimen of the literature of "the eclectic."

"I want to trouble you to send Me a Book on the practis. Sence I hav quet using callo-mel in diseases in My nehberhod and dont Bleed I cure it quicker turpentine is as good as callo-mel on the kidneys and Bile if they dont take coald on it. I can cure fever nagew chills quicker with the eclectic. My partener introdused them from cincinnati which he studied one coarse with cellibrated professors of the sistym. We often use tees which is safe always except lobelia which has puked too much in My hands. injections are favorite in paines in the bowels Wind and Worms than callo-mel and safest.

We Want a nother Book on the sistym But We hav 2 now But they dont always tell What the disease is and the deepest principals of the eclectic for the most particular cases and no other doctor is nier than sixteen miles across. send it By the Barer who is gone to By goods in the east I want the Best Book on the eclectic for I hav quet the old sistym."

Philadelphia County Medical Society—Officers for 1860: President, Dr. Isaac Remington; Vice Presidents, Dr. D. Gilbert, Dr. J. Carson; Recording Secretary, Dr. W. B. Atkinson; Assistant Recording Secretary, Dr. B. Price; Corresponding Secretary, Dr. J. A. Meigs; Treasurer, Dr. A. Nebinger; Censor, Dr. N. L. Hatfield.

Philadelphia Medical Society.—Officers for 1860: President, Dr. R. La Roche; Vice Presidents, Dr. John Neill, Dr. George W. Norris; Treasurer, Dr. John J. Reese; Corresponding Secretary, Dr. John B. Biddle; Recording Secretary, Dr. A. E. Stocker; Censor, Dr. Samuel Lewis; Orator, Dr. M. O'Hara; Librarian, Dr. J. H. Packard.

To Correspondents.

Quæso.—The Fothergillian medal is awarded yearly, to the author of the best essay on a subject proposed, by the London Medical Society.

Dr. S., Philada.—Section 5th, of article 5th, of the Code of Ethics. is very clear on the subject; it says: "When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival."

COMMUNICATIONS RECEIVED.—*Georgia*, Dr. J. M. Simmons, Dr. T. M. Layton—*Illinois*, Dr. D. Neall, (with encl.,) Dr. James Roberts—*Indiana*, Dr. J. J. Rooker—*Kentucky*, Dr. Geo. Cowan—*Maryland*, Dr. Edwin Dickerson, (with encl.,) *New Jersey*, Dr. T. R. Crittenden, (with encl.,) Dr. John S. Cook, (with encl.,) Dr. Geo. B. Robbins, (with encl.,) Dr. T. Kitchell, (with encl.,) Dr. C. R. Prall—*New York*, Dr. Chas. F. J. Lehlbach, Baillié's Bios., Dr. S. D. Willard—*North Carolina*, Dr. L. F. Sensabaugh, Dr. John W. May, (with encl.,) *Pennsylvania*, Dr. J. Perchment, (with encl.,) Dr. Traill Green, (with encl.,) Dr. H. T. Coffey, Dr. D. Mink, Dr. A. C. Murdoch.

Office Payments.—*Drs.* N. R. Newkirk, B. Hart, C. E. Kemery, P. Trau, R. Q. Sheldermine, J. Pan-east, W. Darrach, H. Barke, B. W. James, E. T. Blackwell, G. Irwin, W. J. Powell, S. L. Mintzer, H. Longshore, H. G. Groff, Dr. D. L. Huntington.

MARRIAGES.

DE SAUSSURE.—**RAVENEL**.—At Charleston, S. C., on the 24th Jan., by Rev. T. R. O. Peck, Captain Wm. D. De Saussure, U. S. A., to Mary Louisa daughter of Dr. Edmund Ravenel.

HOSACK.—**SCOTT**.—In New York, January 26th, by Rev. Dr. Scabury, Alexander E. Hosack, M. D., to Miss Celine B., daughter of the late Judge Scott, all of New York.

DEATHS.

COSGER.—In New York, on Friday morning, January 27th, John S. Cosger, M. D., in the 75th year of his age.

HASLET.—In N. Y., on Monday morning, Jan. 30th, after a short but painful illness, Dr. S. Winterton Hazlet, aged 33 years at his residence, No. 28 West Washington place.

JOHNSTON.—In N. York, on Saturday, January 28th, Beesie, youngest daughter of Dr. F. U. and Margaret A. Johnston, aged 4 years and 4 months.

TOLIAS.—At New York, Jan. 30th, Henrietta, third daughter of Dr. S. I. Tobias, aged 18 years.

PRICE.—At Cincinnati, Ohio, on the morning of the 27th, William Price, M. D., formerly of this city, in the 72d year of his age.

TO PHYSICIANS.

A PHYSICIAN, IN FULL PRACTICE, OFFERS FOR SALE his brick dwelling-house with office attached, and well improved lot, eligibly located, and one of the most desirable properties in town.

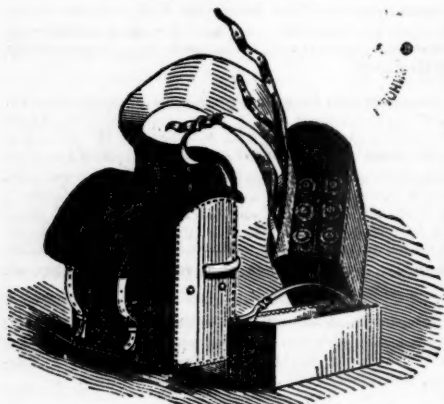
Any physician wishing to secure a pleasant home, and lucrative practice in an enterprising, intelligent community, on moderate terms, and easy payments, will

Address,

DR. H. T. COFFEY,
Holidaysburg, Blair Co., Pa.

ADVERTISEMENTS

J. M. MIGEOD,
MANUFACTURER OF
MEDICAL SADDLE BAGS, MEDICINE TRUNKS, &c.
No. 27 South Eighth St., Second Story,
Entrance on JAYNE ST., (formerly Lodge Alley),
PHILADELPHIA.



Flat Pattern, with Pockets in Front, and Black Patent Leather Flaps.

No. 1, containing	12 1 oz. Ground Stop. Bottles and	\$9 50
No. 2, containing	12 1/2 oz. " " and	8 50
No. 3, containing	10 1 oz. " " and	7 50
	8 1/2 oz. " "	

Box Pattern, with Trays to Lift Out.

No. 4, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 5, " "	20 1 oz. " "	9 50
No. 6, " "	16 1 oz. " "	8 50

Pattern with Drawers in Ends.

No. 7, containing	24 1 oz. Ground Stop. Bottles,	\$10 50
No. 8, " "	20 1 oz. " "	9 50
No. 9, " "	16 1 oz. " "	8 50

Flat Top Medicine Trunks, made of Russet Bridle Leather.

No. 1, containing	27 1 oz. Ground Stop. Bottles,	
" "	18 1/2 oz. " "	
" "	4 Pots, " "	and
" "	1 Mortar, " "	\$19 00
No. 2, containing	21 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " "	and
" "	4 Pots, " "	and
" "	1 Mortar, " "	\$15 50
No. 3, containing	18 1 oz. Ground Stop. Bottles,	
" "	10 1/2 oz. " "	and
" "	4 Pots, " "	\$12 00
No. 4, containing	20 1/2 oz. Ground Stop. Bottles and	
" "	2 Pots, " "	\$8 50
No. 5, containing	15 1 oz. Ground Stop. Bottles,	\$6 50

Round Top Medicine Trunk, Made of Russet Bridle Leather.

No. 1, containing	21 1/2 oz. Ground Stop. Bottles,	
" "	18 1 oz. " "	
" "	18 1/2 oz. " "	
" "	4 Pots, " "	and
" "	1 Mortar, " "	\$20 00
No. 2, containing	7 1 1/2 oz. Ground Stop. Bottles,	
" "	14 1 oz. " "	
" "	14 1/2 oz. " "	
" "	4 Pots, " "	and
" "	1 Mortar, " "	\$16 50
No. 3, containing	14 1 oz. Ground Stop. Bottles,	
" "	14 1/2 oz. " "	and
" "	4 Pots, " "	\$13 00



THE PATENT HAND AND ARM are now made so as to imitate nature very perfectly in appearance and motion.

THE PATENT LEG has been in use 12 years, and the inventor has received (over all competition,) fifty most honorary awards from distinguished scientific societies in the principal cities of the world; among which awards are the great MEDALS of the WORLD'S EXHIBITION in LONDON and NEW YORK. Nearly 3,000 limbs in daily use, and an increasing patronage, indicate the satisfaction PALMER'S PATENTS have given.

PHILADELPHIA, DEC. 14th, 1858.

MY DEAR SIR:—I am really very much gratified to find that your ingenuity and perseverance have at length accomplished what the profession has so long waited for in vain—a *useful Artificial Hand and Arm*. The models you showed me the other day appear to accomplish every indication, and are worthy companions to your unequalled "Artificial Legs." After many years observation of the working of the latter, I am compelled to repeat, what I have already expressed in writing, that neither in Europe nor America is there an instrument of the kind, in my judgment at least, worthy of comparison with them.

Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

THOMAS D. MUTTER,

Emeritus Prof. of Surg. in the Jefferson Med. Col., Phila.

B. FRANK PALMER, Esq., &c., &c.

Pamphlets, giving full information, sent gratis to every applicant.

116, t. f.

B. FRANK PALMER.

JOHN F. ORD, MANUFACTURER OF THE PATENT METALLIC SKELETON ARTIFICIAL LEG,

No. 31 North Ninth st., below Arch st.



PHILADELPHIA, June 11, 1855. It affords me great pleasure to certify, that the *Metallic Artificial Leg*, invented and manufactured by Yergar & Ord, is, in my opinion, *incomparably superior* in every respect to any article of the kind I have ever seen in Europe or America.

WILLIAM GIBSON, M. D.

Emeritus Professor of Surgery in the University of Penna.

The following Report, shows conclusively, the opinion entertained of *this leg*, by the well-known Surgeons, whose names are annexed:

REPORT OF THE JUDGES OF THE FRANKLIN INSTITUTE EXHIBITION OF 1851.

The Committee have performed the duty assigned to them, and herewith respectfully submit their Report:

The only objects of comparison presented to them, were two Artificial Legs, above described, one of which, (No. 3155,) has already received a Silver Medal from the Institute, and being composed of soft wood (willow) and iron, is, in the opinion of the Committee, *decidedly inferior to the Patent Skeleton Leg*, (No. 3173,) the important parts of which are made of steel, so contrived as to increase its strength and durability, without impairing its lightness.

The Committee cannot refrain from expressing their appreciation and admiration of the Apparatus for Club Feet (No. 3172) the ingenuity of which has not been surpassed. They recommend the award of the following premiums:

First—To Messrs. Yergar & Ord, for their *Skeleton Metallic Leg*.

Second—To the same for their *Improvements in Club Foot Apparatus*.

PAUL B. GODDARD, M. D. J. P. BETHELL, M. D.
L. D. BODDER, M. D. J. H. B. MCLELLAN, M. D.
J. M. WALLACE, M. D.

In addition to the above strong recommendations, over three hundred original certificates are on file in the office.

Pamphlets and directions for measure sent on application as above.

N. B.—Surgical apparatus for every variety of deformity made to order.